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ORIGINAL COMMUNICATIONS.

ARTICLE I.

CORRECT USE OF ALKALIES AND ACIDS IN PRACTICE.

(Read to Cook Co. Medical Society.)

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The contest between vitalists and physicists is still maintained in some quarters to the injury of our science.

While the extreme vitalists maintain that common chemical affinities, such as those between alkalies and acids, have no existence in the living body, the ultra physicists claim that all the operations of life are mere modifications of the experiments in a chemist's laboratory. It is time to have done with this contest; but as the objections of one party or the other stand opposed to every possible doctrine on the relations of acids and alkalies to the tissues, the reader will indulge me in a few words to show that both sides are partly wrong. In the first place, living tissues are subject to all the mechanical laws, such as gravitation, momentum and impenetrability, also to the laws of levers, pulleys, valves, hydrostatics and pneumatics—for all

these principles of inorganic nature are brought in and used as constant agents in physiologic life.

The subtler laws of the imponderables are equally efficient. Organic tissues have color, reflect light, and conduct heat and electricity as well as inorganic substances. All the laws of optics work with unfailing precision in the living eye, and the principles of acoustics do not fail when they are applied to the ear.

It is, however, in the department of chemistry that inorganic forces have been most strenuously denied access to living tissue. There is something incredible, however, in the assertion, that common chemical laws are entirely suspended during healthy life, if we consider that even the coarsest mechanical principles are not obliterated by vital force. If mechanic, hydrostatic, pneumatic, acoustic, optic and electric forces all work in the body, it is not difficult to believe that chemical affinity may have a place there also, and that an acid will saturate an alkali within the system as well as out of it. If facts are found pointing to this conclusion, vitalism should not declare it impossible.

On the other hand, the sweeping assertions of those who say that *all* living functions may be reduced to those few physical laws which are known to the natural philosopher and to the chemist, are presumption and folly. It is plain, beyond the necessity of argument, that living cells exercise functions which retorts do not imitate, and that laws are in operation in them which never have been, and probably never will be, reduced to the rules of the laboratory.

The position, therefore, will be assumed in this article, that there is no law which entirely prohibits the usual reactions of acids and alkalies in the system, and consequently the relations of these reagents to each other are properly the subject of examination and regulation by practical men in our profession.

The chief alkaline substances found in the human body are potash, soda, lime and ammonia. These are held in various states of combination with organic and inorganic substances, some of which are stable and neutral, as phosphate of lime in the bones; while others are feebly combined so as not to be

neutralized, but to yield an alkaline reaction to the most delicate tests. Of the latter, the alkaline secretions of the salivary, lachrymal, hepatic and pancreatic glands are examples, to which may be added the blood, the semen, the secretions of serous and synovial membranes, the albumen around the ovum, and the serum of the areolar tissue.

Different alkalies are found in different parts, and their functions are various, but a somewhat general truth which meets us at the outset is this—*most of the alkalies promote a liquid form of protein compounds.* Thus, the liquid condition of albumen in the egg is dependent upon soda, and if the soda be neutralized by any acid, with certain exceptions hereafter to be mentioned, the albumen is immediately coagulated, or, in chemical language, is precipitated. The fibrin of the blood is held in solution, according to Dr. Richardson, by ammonia, which, being a volatile alkali, escapes when that fluid is exposed to the air, and precipitates the fibrin in the form of a clot, while the soda in the albumen of the serum not being volatile, retains that part of the blood in a liquid form. Hence the separation of the clot and the serum. An excess of ammonia will redissolve the clot, and even liquify the blood corpuscles themselves. This function of ammonia in the blood is proved by a variety of conclusive experiments on living animals, and is further shown by the fact, well known to every demonstrator of anatomy, that in the dead body the blood of the vena cava, which is surrounded by cavities secreting alkaline fluids, seldom coagulates until it is allowed to escape into the open air; while, in the very same subject, the blood of vessels which are imbedded among large muscles will form firm clots which may be drawn out of the veins like strings, and often will be found even in the arteries resisting the passage of injections. It seems to me that the explanation is simple: the large mass of blood in the vena cava does not favor the escape of ammonia, and the alkaline serum of the neighboring peritoneum certainly will have no tendency to neutralize it; but the juice of the muscles is acid, and immediately after death the action of endosmosis causes it to transude into all the nearest veins, effectually neutralizing the ammonia and consolidating the fibrin; hence

the difference in the condition of the blood in the two cases.

From these facts, it seems to be a reasonable conclusion, that the alkalies (assisted by the acid phosphates) are the means used by nature to produce the liquid forms of protein.

If so, may it not be true that those pathological states which are marked by an excessive tendency to liquifaction, or, as the phrase is, "a breaking down" of the tissues, involve, as one essential condition, an excess of alkalies, especially of ammonia.

The following reasons lead us to this conclusion: First, this type of disease is often produced by putrid animal exhalations. Now, one of the earliest and most persistent products of animal decomposition is ammonia and its kindred compounds. It is evolved abundantly, not only from decaying flesh, but also from decomposing animal excretions of every kind, as sweat, urine, etc. Hence, it steams up in privies in combination with sulphuretted hydrogen; it arises in all filthy crowded places, as in ill-conditioned hospitals, camps, jails and ships; and it is formed in the human body itself, not merely in the last stages of diseases where the excretions are retained, but also in healthy subjects. Where patients are much exposed to this kind of influence, we find all the consequences which would naturally be expected. The muscular system failing in the amount of acid necessary to its activity, becomes feeble and prostrate, a violent effort at excretion of the alkalies often takes place in the form of erysipeloid infiltration, excessive suppuration, with pus so highly alkaline as actually to dissolve and abrade sound tissue over which it flows, or alkaline and profuse diarrhœa, or some other mode of elimination.

If the emunctories fail to get rid of the excess, the tissues at length begin to yield to the solvent power in ways perceptible to the eye. The blood corpuscles are liquidated; the walls of the small vessels often give way here and there, as in the hæmorrhagic type of confluent small pox, forming petechiæ; the solid tissues are obviously unable to consolidate protein enough to sustain their action; and the whole condition is said to be "low" and "typhoid."

Perhaps the true typical form of alkaline disease is erysipelas.

By this term I mean that malignant disease which is the terror of surgeons, and not the mere cutaneous eruption to which Prof. Meigs seems to restrict the name. The clearest and best definition of erysipelas is probably the one adopted and ably explained by Prof. Pitcher, of Detroit, who has given the subject the most masterly exposition extant.

Erysipelas is an inflammation, distinguished by a peculiar animal poison of great virulence, and capable of propagation by innoculation. It is essentially an aplastic disease, producing an abundant effusion of poisonous serum or pus, which is limited by no plastic lymph, but spreads indefinitely through the tissues. The analytic mind discovered at once that there are here two essential points, viz: the poison and the aplasticity, These two elements combined will constitute the disease; neither of them will do it alone.

It is to be observed here that erysipelas eliminates itself by the alkaline secretions, especially pus and serum; and it is singular to observe its indisposition to spread into tissues which oppose to it an acid reaction. The interstitial fluid of the muscles is acid: now, it is a matter of every-day observation that erysipelas will spread indefinately in the areolar tissue whose fluid is alkaline; it will cause this tissue to slough from whole extremities; it will burrow deep between the muscles, so that the dead tissue may be drawn out from deep recesses like shreds of wet tow,—but the muscles stand out round, granulating and uninjured. Thick muscles seldom or never slough from the direct effects of erysipelas. Is not this remarkable exemption due to the fact that the acid fluid of muscular tissue opposes an effectual barrier to the action of the alkaline poison?

The same difference, in a lesser degree, is observable in different persons. Erysipelas will not take its usual type in a strongly plastic system, or, what amounts to the same thing, in a system well supplied with acids. It is well known to practical anatomists that the poison of dissection wounds only exerts its effect fatally when it produces erysipelas, but that strongly plastic systems resist it, and present merely local inflammation. A striking instance illustrating this principle occurred in the

experience of my respected preceptor, Prof. Pitcher, of Detroit, and which I take the liberty to repeat.

Prof. P., in company with a medical friend, made a *post-mortem* examination of the body of a patient who died of erysipelas. Both these gentlemen wounded themselves in the operation, and they were thus innoculated with the poison. The innoculation took effect in both, but in different ways. Prof. P.'s wound inflamed, but the progress was limited by plastic effusion, and a carbuncle was the result. The other gentleman, whose system seemed to have less plastic power, had erysipelas in the usual form, and died of its effects.

From these and a variety of other considerations we derive the conclusion that *malignant aplasticity requires, as one condition of its very existence, an excess of alkalies.* If active free acids (except the phosphoric) be present in abundance, this malignant pathological state cannot exist. The question also naturally suggests itself whether that mysterious condition called epidemic influence may not be, in many cases, merely a deficiency of acids and an excess of alkali in the system, produced by atmospheric or other general causes, which modify the chemistry of the living body. There is at such times the same aplastic type of disease, the same want of vital resistance to it, the same low grade of action, and the same tendency to solution of blood corpuscles and breaking down of tissues, which we observe in erysipelas. Indeed, so striking is this fact that Prof. Pitcher maintains that the malignant element in nearly all asthenic epidemics is identical with the peculiar poison of erysipelas; an opinion which contains much truth of the utmost practical value. It is probable that the asthenic epidemics nearly all derive their aplastic character from excess of alkalies; and we know that many of them are capable of propagating erysipelatous inflammation by innoculation, even when the original subject had no appearance to the eye of the latter disease.

The different proportions of acids and alkalies in the system give rise to several *types* or *grades* which run through almost every form of disease, and are easily recognizable in well-marked cases. The diagnostic marks of alkaline excess are *asthenicity* and *aplasticity*, while the signs of acid diathesis (except the phos-

phoric) are *sthenicity* and *plasticity*; while a due balance of these chemical vital agents will be manifested by the middle type of disease, such as simple inflammations, etc.

The differences thus indicated are traceable through every class of disorders. In peritonitis of the sthenic type and acid diathesis we have plastic effusion, glueing the intestines together; but in the alkaline diathesis we have purulent and other aplastic effusions. The plastic forms are pretty generally cured, but the aplastic variety is much more fatal, as in the malignant variety of puerperal fever. In pleurisy, if the diathesis be acid the result will be firm adhesions; but if excessively alkaline, purulent effusion will ensue. If bronchitis occur in an acid system it will be marked by the expectoration of pure mucus, by excessive development of the contractile fibres of the bronchi, occasioning spasmodic asthma, or by sudden metastases, such as are related by Bulkley in his rejected essay upon Rheumatic Bronchitis. But if the patient be under the influence of the alkaline diathesis, the inflammation will take the form of a catarrh, with puruloid expectoration, which often runs a rapid course.

The same kind of difference will be found to prevail in affections of almost every organ. When the acid diathesis is present, every disease takes the sthenic type; its effusions are plastic, suppuration is difficult, and all the phenomena approximate to that type of acid diseases—rheumatism. When the alkaline diathesis prevails, diseases are asthenic, effusions are aplastic, and tissues break down, and the disease approximates to the character of erysipelas.

If, for instance, the meninges of the brain be inflamed in an acid constitution, the membranes will be thickened, and the patient may fall into a chronic insanity, and in that state live out his days; but if the alkaline excess be present, the disease is of a different character. It runs a rapid course, the vessels relieve themselves speedily by an effusion of pus or serum, and the patient quickly dies.

If the case be scarlatina, in a plastic constitution, it will be of the sthenic grade and the simple variety; but if the alkaline diathesis prevail, the case will be asthenic, dangerous complications arise, and the patient is peculiarly liable to a

malignant sore throat, which sloughs, ulcerates, and destroys life.

One of the most instructive of all the illustrations on this point is afforded by the two varieties of small pox. If this disease attacks a system well supplied with acids, and therefore strongly plastic, the disease is of the variety which we call "distinct." The pustules have firm boundaries of plastic effusion around them, which limits their spread, and separates them from each other; but if an excess of alkalies are present, the plastic effusion is not properly formed. The feeble boundaries are dissolved, the pus spreads irregularly in all directions, and contiguous pustules thus coalesce, constituting the confluent form of the disease. Every practitioner knows that the confluent character of the pustules is not merely owing to their close proximity to each other. I have seen distinct small pox where the pustules were as numerous and close together as in the confluent form, but the plastic power being strong, every pustule has a clear, smooth and circular border. If two adjoining pustules touched at their edges, they were separated by a sharp, fine red line for some time before coalescing. There was no loose spreading of one pustule to meet another.

Probably the best type of a purely plastic disease is found in rheumatism, which, in its connection with the acid diathesis, has been ably treated of by Fuller. In perhaps the majority of ordinary cases of disease, there is no remarkable excess of either alkaline or acid in the system, and in these cases of course no application of these doctrines can be made. In such a condition of the system we may have alkaline effusions in one part of the body and excess of the plastic deposits in another. The local influence in this case is sufficient to move the well poised balance. Thus, in the centre of a furuncle the mere weakening of the circulation resulting from the obstruction of the vessels causes the protein to assume the alkaline and liquid form of pus, while the circumference of the tumor continues in a firm plastic condition. Prof. Pitcher has published one well-marked case in which the same patient had rheumatism and erysipelas at the same time. I believe this combination to be very rare; yet, from the effect of local disturbances in the system, and where

the general diathesis is not strongly acid or alkaline, I think both these diseases may co-exist even in portions of the body closely contiguous to each other.

The type of aplastic diseases may be found in erysipelas. The symptoms indicating this we have already discussed. That this aplasticity depends upon an excess of alkalies is shown by the chemical character of the remedies which have established the best reputation in that disease. The remedies which have been most approved in erysipelas are, almost without exception, such as have the power of neutralizing alkalies. The articles referred to are the following, viz: mur. tr. iron, tr. iodine, sulphate of iron, sulphate of copper, sulphate of quinine, nitrate of silver, bi-chloride of mercury, and mineral acid. Perhaps also we may add the favorite domestic remedy, the cranberry poultice.

Now let us look a moment at the reactions of these substances which have been approved by the experience of the profession as efficient in erysipelas. First, muriated tr. of iron. This substance contains the per-chloride of iron as its basis. It is extensively used as an internal remedy. The per-chloride of iron, whenever it meets with an alkali, either potash, soda or ammonia, immediately yields up its chlorine, and converts the base of the alkali to a chloride, destroying its solvent power in the tissues. It will be recollected that this is the substance sometimes used to form a clot in the cavity of an artery, and thus to plug it in lieu of ligating. It effects this object by neutralizing the ammonia which holds the fibrin of the blood in solution, and thus precipitating that substance. When given internally, it probably reduces the alkalinity of the blood so nearly to neutrality that that fluid can no longer exude alkaline; but on the contrary, the highly alkaline serum already effused into the inflamed areolar tissue begins, by common chemical laws, to recede again by endosmosis into the less alkaline blood.

Bi-chloride of mercury, as a local application, operates on the same principle. Its chlorine is feebly held and is readily given up to the alkaline bases wherever they meet.

Tr. of iodine, when it meets ammonia, neutralizes it by converting a part of it into iodate of ammonia, and the remainder

into iodide of nitrogen, effectually destroying its alkaline qualities. When iodine meets potassa and soda, or their carbonates, it converts them into iodides and iodates of potassium and sodium. Hence the efficiency of this favorite remedy.

The sulphates of iron, copper and quinia all yield up sulphuric acid on contact with the alkalies.

Nitrate of silver, in like manner, yields nitric acid.

Mineral acids act directly of course upon the alkalies. The cranberry poultice seems to have some effect; and if so, it acts undoubtedly by virtue of the acid the berries contain.

The vegetable acids, when given by the mouth, are probably inert, because, as has been well proved by physiologists, they are digested and destroyed; and, as most of them hold a little alkali in solution, the alkali remains after the acids are destroyed, and increases the excess already existing.

If these principles embody any portion of truth, their application are of the utmost practical value. They furnish us the clearest possible rules for the use of the acids and alkalies in medicine.

In the confluent form of small pox, in erysipelas, and in the low aplastic types of all diseases, we should administer freely either mineral acids or such salts as will easily yield them up, or else such iodides and chlorides as part with their iodine and chlorine most readily. The following cases may illustrate the practical application of these ideas:

M. C. was attacked with small pox in apparently a virulent form. He never perfectly reacted. He sunk under the shock, and died before the eruption was fully out. His sister, a young lady, took the disease. Being of a more vigorous constitution, she resisted the shock better than her brother, but still the prostration was great, and the low typhoid condition gave me the gloomiest anticipations of the result. The pustules began tardily to make their appearance, but as thick as they could stand upon the skin. Anticipating a confluent case, I commenced the administration of mur. tr. of iron; dose, thirty drops every two hours; and continued until I believed the system was well saturated. The tone and vigor of her system improved greatly. The pustules were as thick as they could stand upon the skin, but

they filled well, and though they literally crowded each other, yet each one preserved a clear, smooth outline. Only a very few, where they were the most crowded, coalesced with each other. The case convalesced favorably.

Mr. B. was daily occupied in the care of a friend who was on his death-bed with malignant scarlatina. There was much sloughing and inflammation of the sick friend's throat. Mr. B. had a small abraded pimple on the ala of the nose, which probably received poison by contact of the hand after lifting the sick man. Erysipelatous inflammation immediately commenced at the pimple and spread over half the face. I placed the patient at once on his back in bed, and kept on night and day ice-cold lotions of diluted muriatic acid. In twelve hours the disease began to subside, and at the end of thirty hours scarcely a trace of it was left. It may be of interest to state, that another attendant upon the same case of scarlatina was attacked with several abscesses on the sides of the neck and with a felon in the thumb.

In the light of these principles we see why erysipelas, in the form which is technically called absorption of pus, carries off so many surgical patients in badly kept hospitals. The decomposition of all nitrogenized animal matter gives rise at once to free ammonia. The perspiration, the urine, the fæces, the exhalations from the lungs, the pus, the blood, the serum,—in short, everything animal which remains a short time in the open air of a ward begins to putrify and exhale ammonia. This is inspired and absorbed by every patient present, and results in an alkaline diathesis that makes every surgical case one of danger.

Finally, the practice of giving ammonia as a stimulant in diseases which are marked by a tendency to liquifaction and breaking down of tissues, is irrational. The temporary stimulus which it communicates is desirable, but the absorption of it contributes to that excess of the alkalies which is already destroying life. It is to be feared that the indiscriminate exhibition of ammonia, in the last stages of malignant disease, very often hastens the coming dissolution, notwithstanding its temporary exciting power.

In conclusion, I will repeat the doctrines here maintained in the following formulæ:

1st. *Excessive plasticity and sthenicity indicates excess of acid or deficiency of alkali in the system; and considered as a diathesis, is to be combated by alkaline remedies.*

2d. *Aplasticity and asthenicity show a deficiency of acid or an excess of alkalies in the system; and this diathesis is to be combated with acids, or with such salts, chlorides or iodides, as neutralize the alkaline fluids.*

ARTICLE II.

HAS THERE BEEN A "CHANGE OF TYPE" IN INFLAMMATORY DISEASES WITHIN THE LAST TWENTY YEARS;

OR, IN OTHER WORDS,

"DO INFLAMMATIONS *REQUIRE* A DIFFERENT TREATMENT FROM THAT PURSUED FIFTEEN OR TWENTY YEARS AGO?"

BY B. S. WOODWORTH, M.D., FORT WAYNE, IND.

The above question has been very extensively discussed within a year past by many eminent physicians, and especially in Edinburgh, by Dr. Allison on the one side, and Prof. Bennett on the other. Many arguments have been produced by both parties in support of their respective doctrines, but I have myself no hesitation in saying that Prof. Bennet has the best of the argument. That *mankind* has changed its type, in the course of thousands of years, may be possible, although here we find two schools of anthropology, one maintaining that it has so changed, and the other that it has not. Thus, Mr. Whitehead, in his book "On Transmission from Parent to Offspring of some forms of Disease, and of Morbid Taints and Tendencies," says: "It is by no means unreasonable to suppose that races, now the most widely dissimilar, may owe their distinguishing characteristics to time and circumstances (external environments), and that as the divergence has been constantly widening, so their approximation may be supposed to have been much nearer in ages gone by. We certainly have no records of that antique date of that high contrast between

races which is now known to exist between the African and the European." But, on the other hand, the other school maintain, "that so far back as history goes, the species of animals, as we call them, have not changed. The races of men have been absolutely the same—they were distinct then for that period as at present." But admitting that mankind has not changed its type, has it even *degenerated* within the last two or three thousand years?—then an advocate for, and against this, the progressive degeneracy of the human race.

But that diseases have so materially changed their type within the last twenty years as to require a treatment diametrically opposite to that required then, seems to me so manifestly absurd as to hardly admit of an argument to controvert it.

That the treatment of inflammation and fevers, by all enlightened physicians, has undergone a great change within a few years, is well known; but, while one party attributes the result to a change in the character of these diseases—a change of type, as it is called,—the other party attributes the change to the diffusion of more correct views of pathology and improved powers of diagnosis, as well as from witnessing the better effects of the less heroic non-anti-phlogistic and less perturbative treatment now employed. The profession are, doubtless, somewhat indebted to the various medical delusions, especially that miserable delusion, homœopathy, for the knowledge of what nature can accomplish when aided by a proper regiminal course. And we are also somewhat indebted to the hydropathist for showing us (what many knew before, for, as Charles Lamb said, "it was as old as the deluge, and," he added, "like it, it killed more than it cured,") that water is also a valuable curative agent when judiciously used.

The propositions laid down by Professor J. Hughes Bennett seem to me so perfectly clear that I will transcribe them, as some of your readers may not have seen them.

Proposition 1st. That little reliance can be placed on the experience of those who, like Cullen and Gregory, were unacquainted with the nature of, and the mode of, detecting internal inflammations.

Prop. 2d. That inflammation is the same now as it has ever

been, and that the analogy sought to be established between it and the various types of fevers is fallacious.

Prop. 3*d.* That the principles on which bloodletting and anti-phlogistic remedies have hitherto been practised are opposed to a sound pathology.

Prop. 4*th.* That an inflammation once established cannot be cut short, and that the only end of judicious medical practice is to conduct it to a favorable termination.

Prop. 5*th.* That all positive knowledge of the experience of the past, as well as the more exact observations of the present day, alike establish the truth of the preceding principles as guides for the future.

It is but just to say that Drs. Allison, Gardiner, Watson and others, attempt to controvert these doctrines, but, as I think, with but little success.

Inflammation has been truly represented to be "a twofold process of increased decomposition and increased formation, having its source in a diminution of the vital control over the coerced chemical affinities in the living textures,"—or, in other words, "an altered nutrition." There is in inflammation a general lowering of the vital powers; and this being so, how absurd must be that practice which attempts to cure it by reducing the vital powers still lower, and thus retarding, if not preventing, the efforts of nature towards a cure.

I confess that I have of late years become somewhat tinctured with the ideas of Sir John Forbes, Dr. J. Bigelow and others, who believe that it is not best to meddle much with nature in *any* disease, at least, "till she indicates the proper course to pursue."

Twenty years ago, when I first settled in the Maumee Valley, it was the fashion to treat all inflammatory diseases on the strictest anti-phlogistic, most heroic way. Bleeding, tart. emetic and mercury, were the sheet-anchors in almost all cases; nor was this treatment confined to purely inflammatory diseases. It was the custom to bleed at the commencement of most of the cases of remittent fever, as well as some of the intermittents. Most practitioners there thought that remittents required a materially different plan of treatment from intermittents; and they treated

them in the Eberle manner, with bleeding, calomel, nitrate potash, ipecac, etc., *ad nauseam*, with the result of seeing the original fever, after a few days, changed into a mercurial fever which lasted for an indefinite length of time, and which generally ran into a chronic diarrhœa. If the patient happened to have sufficient recuperative energy, he recovered only after a very tedious convalescence from a disease mainly produced by the medicines. Now, under the improved treatment by quinine, and, perhaps, some mild cathartics, this same class of cases is convalescent in a couple of days, and well in a week. I need not say that the physician who then would have had the presumption to treat a case of pneumonia, peritonitis, or any other acute inflammation, without bleeding or mercury, would have been considered guilty of the grossest mal-practice, and been denounced by his professional brethren for his temerity. Although the more *sanguinary* part of this treatment has been almost universally abandoned, I am sorry to say that the treatment by mercurials and drastic cathartics is still too much in vogue in this section of the State of Indiana, especially in the rural districts. This is owing to a want of light on the subject—to an ignorance of what is going on in the medical world. The so-called regular physicians, at least, many of them, do not take the medical journals, nor buy new medical books, and thus keep up with the progressive knowledge of pathology, therapeutics, etc., etc.

Erysipelas is a disease which we used to treat in an antiphlogistic way—a disease which is as truly one of debility as the lowest form of typhus or typhoid fever. Under the antiphlogistic treatment many cases of this disease died; whereas, scarcely one per cent of sporadic cases would die if left to the unassisted efforts of nature, and not so many by a judicious tonic and stimulating plan. By way of parenthesis, I would say that I think that there is too much importance given to the local treatment of this disease, and a great deal has been written about it. Tr. iodine, nitrate silver, sulph. iron, collodion, etc., etc., each have their advocates, who seem to think that they are of more importance than the constitutional remedies. As it is a constitutional and self-limited disease, I never could con-

ceive that local applications were of much more use than they would be in small pox; and I never could see any other use of tr. iodine and nit. silver but to make the patient look horribly, and impress the vulgar with the terrible nature of the disease.

As to whether inflammations have changed their types in the Maumee and Wabash Valleys within twenty years, I should say, from my observations during the above mentioned period, that if there be any difference they have assumed a more sthenic rather than asthenic character. This will readily be believed by any physician when he is told that intermittent fever, and malarious diseases generally, once so universal here, are now not nearly so common.

Enlargement of the spleen, and its resulting (or accompanying) anemia, dropsies, etc., are now comparatively rare—in short, that typhoid symptoms, in most diseases, supervene at not so early a period as formerly. Perhaps this may be owing partly to the improvement in the treatment; still there can be no doubt that in this part of the State the inhabitants generally are more robust and vigorous than they were twenty years ago. And probably the same may be said of various other parts of the United States, which were once so unhealthy that no one lived to be over twenty-seven years of age, as I read in some old medical book concerning Petersburg in Virginia.

There are now, doubtless, some debilitating and degenerating causes in operation to counterbalance, in some degree, the absence of the malarious influence. The greatest of all these causes is the use of intoxicating drinks, which has been fearfully on the increase for a few years past. Who now does not drink, at least, lager bier? What gentleman (?) that travels does not carry his bottle of brandy? And then what immense numbers of men (and women too) are addicted to the use of opium, tobacco, etc. If these stimulants and narcotics could only be banished from the face of the earth, and venereal diseases be treated in a more rational manner (without mercury), I think there might be some hope that mankind might be partially regenerated (physically). I do not suppose that all the unhallowed passions of men would be banished if intoxicating drinks were disused, but the greatest of all of the excitants of these passions

would be withdrawn. That a great change in the general health of its inhabitants for the better has taken place in the Wabash and Maumee Valleys within twenty years is perfectly obvious. A person visiting the towns in these valleys some years ago, would have seen the exact counterparts of Eden (described by Dickens in Martin Chuzzlewit) in almost all of them. I well recollect many of these Edens, with their paradisical environments and their happy (?) inhabitants.

The usual treatment by the physicians here in pneumonia, up to the time I came here to reside, was, as I said before, by bleeding, tart. emetic, calomel, blistering, etc. The year before I came here this disease—pneumonia—was epidemic, and *all* the first cases, some thirty in number, died, which, of course, created quite a panic. These were treated in the strictest antiphlogistic way. An opposite course of treatment was then instituted by some practitioners, who had the good sense to see that a course of treatment which resulted so unfavorably must be wrong. By the change in the treatment the patients recovered, and the disease was stripped of its terrors. Since this period, the lancet has been but seldom used here, but a more rational treatment has been pursued.

I know that the epidemic constitution of diseases, as it is called, differs in different epidemics; but I think it would be difficult to show that in any epidemic of an inflammatory or any other disease, an anti-phlogistic treatment would be proper.

When I look back to the old treatment of inflammations (as well as fevers), I am horror struck, and wonder at the prejudice which could have continued so barbarous a practice so long.

And now, to all the old fogies of the blood-letting, mercuralizing, drastic catharticising, blistering, burning, cauterizing, and (universally) overdrugging school, I would recommend to read Sir John Forbes' book "On Nature and Art in the Cure of Disease;" Dr. Bigelow's little book lately published; Professor Bennett's late work, "Clinical Lectures on Medicine,"—and see if these will not somewhat dilute and modify their barbarous practice. And it is to be hoped that we shall all—if we have not already—discard from our minds the preconceived notions that we imbibed from reading the old standard treatises on practice; and then I think that we may have the consolation to think, that if our patients do die, that they, at least, will die *natural* deaths.

ARTICLE III.

AN ENQUIRY, AS TO WHETHER AND HOW "ENEMATA NUTRIENTLÆ" ARE ABSORBED FROM THE RECTUM, SO AS TO PROVE NUTRIENT TO THE SYSTEM.

BY B. WOODWARD, M.D., OF GALESBURG, ILL.

In a late work by Wm. Tully, M.D., on "Materia Medicæ, or Pharmacology," he denies the efficacy of nutrient enemata, and says, "The colon and rectum having no lacteals, the idea of introducing nourishment by them is a perfect chimera."

It sometimes happens that very learned men make very learned mistakes, and it seems to me that this is one of them. The lacteals are, no doubt, the main organs by which the nutrient particles of food are taken up and carried into the circulation, yet there are others acting consentaneously with the lacteals for the attainment of the same end. Though the villi containing the lacteals do not extend below the cæcum, and these lacteals are the *main* organs of absorption from the intestinal canal, there are still the capillary bloodvessels, which, according to our best physiologists, are "equally with the lacteals actively engaged in the process of absorption." See "Carpenter's Human Physiology," p. 134.

How will the Doctor dispose of this theory, sustained as it is by facts? He says absorption cannot be carried on because there are no vessels suited to the process. Had he said that *digestion* could not be carried on in the rectum and colon, I should have been more inclined to agree with him, for digestion is the conversion of food into chyle, and its subsequent absorption; though even in this case it is not certain that the presence of food in the duodenum is necessary for the pancreas to secrete its fluid, any more than it is necessary for the liver, though this condition does seem to be necessary in the case of the stomach; and if these secretions (which seems to me highly probable) are carried into the colon and rectum, they may there so act on nutrient enema as to convert them into chyle and fit them to be taken up by the capillary vessels. It is generally believed that starchy and farinaceous matters need to undergo this process of digestion, though Carpenter, p. 145, holds that this change

is not necessary even for these articles, in order to their absorption. In the case of animal broths, this conversion certainly is not necessary, for the constituents of the flesh are held in perfect solution in the water, leaving little else than what would be excrement in the ordinary process of digestion, to be retained in the intestine. The rest, the gelatine, fibrine, salts, and perhaps even the albumen, are in a fit condition to be taken up by the capillaries of the part. Even granting that they could not be absorbed from the rectum and colon, we have reason to believe, that being deposited in a fluid form, they may be carried by capillary attraction along the walls of the large into the small intestines, and there undergo the change into chyle and be absorbed by the lacteals. It may be said that "the lacteals have open mouths, fitting them for absorbing, which the capillary vessels have not." True, but this is not necessary to maintain the process. It is carried on by endosmose through the walls of the vessels themselves, and the greater part of the nutrient particles held in solution are taken up and carried at once into the circulation. The influence of the capillary vessels is seen even in the skin, and still more so in an abraded surface when medicinal substances are applied to these surfaces; the fact of their absorption being proved by finding their effects upon the system after having been thus applied. That nutrient enemata are absorbed from the rectum, is shown by the fact, that after a certain time they are neither found in the gut nor passed as excrement. With regard to medicinal substances, they are proved to be absorbed from the rectum, by finding not only their appropriate constitutional effects, but also their presence in the urine, which could not be, unless they had fully entered the circulation. We might reason from analogy that the rectum might absorb, by finding, as we do, other organs which are only excretory in their nature, taking on, under certain circumstances, the *absorbent* action. The urethra is one case in point; for it is well known that the most intense narcotism may be produced by the introduction of morphine into the canal. This could only take place through the action of the capillary vessels of the part; and though the action of this agent, as well as many others, is on the nervous

system, it must enter the circulation before it can affect the nervous centres. We believe that menstruation is but a consequence of ovulation, and though the uterus and vagina is the natural course for this secretion, we still find various other parts of the system at times taking on a vicarious action, and for want of action of the uterus, doing its excretory work. If the theory of Dr. Tully is true, how are we to account for the continuation of life, and subsequent recovery of the patient in those cases where food has been introduced in no other way than by enema, for such periods as from ten to seventeen days? and yet such cases are frequently occurring. That it requires a much larger quantity of food introduced in this way, I admit, in order for sustentation to be carried on; but must be allowed to doubt Dr. Tully's theory. Dr. Tully's work will doubtless fall into the hands of many young and inexperienced practitioners. If they adopt his views on this subject, they will refrain from using this (what most physicians find to be a most efficacious) means of supporting their patients in cases where from any cause food cannot be retained on the stomach.

Fully aware that it may look like presumption to endeavor to controvert the views of distinguished men, yet we are bound to exercise our own judgment, based on the best knowledge we can acquire. Dr. Tully claims for himself the right to reject any opinion or theory, no matter from what source it may come, if it does not coincide with his views of truth; and the same liberty must be granted to every member of the profession, or there can be no advance in medical science. Dr. Tully says, very truly, "That an assertion once made can never be got rid of. The writer who first made the assertion will be quoted till doomsday; no correction of such an error can ever rid the profession of it." This is so true that it becomes the duty of every man to examine every question for himself, and take nothing for granted because it emanates from a distinguished source. The Doctor controverts, in this case, what he believes to be a "hoary error," but what, if I mistake not, the profession generally believe to be a "time-honored truth," that the system may be effectively supported by "Enemata Nutrientiæ."

ARTICLE IV.

SURGICAL CASES.

BY C. BRACKETT, OF ROCHESTER, FULTON CO., INDIANA.

Dislocation of Humerus of eleven weeks.—Mrs. Wann, of Tippecanoe, Marshall Co., Indiana, came with her husband to me, February, 1857, with dislocated humerus. At the time of the accident, eleven weeks before, she had a surgeon (?) to see it, who undertook, or supposed he had effected, a reduction. Two or three weeks later, finding the arm still useless, and suffering much, she sent for me. I did not go. Her husband then took her to Laporte, when reduction was again undertaken by two good surgeons, assisted by (I supposed from her description) Jarvis' adjuster. This operation also failed.

Eleven weeks, lacking two days, or seventy-five days after the injury, she came to me and gave a history of the case. Found the head of the humerus down and forward; and as the case had been treated by skillful operators, I called in, to see the case and to assist, Drs. Howes and Gould, of Rochester, and Dr. South, all of Tippecanoe town. I gave chloroform. After seating her in a chair, and using a sheet fastened to a bar across a door for counter extension, made extension from the humerus with two ropes, doubled, and fastened to a strong bar across the opposite door. These ropes were in charge of Drs. Howes and Gould, and were tightened by twisting with a stick, in the manner of tightening the blade of a wood saw. As often as one rope was twisted, the other was drawn taut and twisted, when the slack was taken out of the first and twisting repeated. Thus steady extension (the steadiest that can be applied) was applied for four hours. At the end of this time I had the satisfaction of *knowing* that the head of the bone was right. I kept her arm bandaged, so that, during sleep, it could not be thrown out. At the end of a few months the arm was entirely restored to perfect usefulness.

August 18th, 1858.—J. Swartwout, aged about forty, sent for me. Found him vomiting; in severe pain, whole abdominal region "seemed on fire," as he expressed himself; had intense

burning pain in epigastrium, more particularly. Pulse small, frequent, quick, 130 per minute; hands and feet cold, head and body hot; rejected from the stomach whatever he took; wanted quarts of water. I gave him opium grs. ii., pulv. gum acacia grs. iv., repeated in fifteen minutes; both doses rejected, though but little water taken. Then gave opii gr. i., morph. sul. gr. ss., pulv. liquorice, in very little water; and when he must vomit, as much water as he could take. He rejected two of these doses. Burning pain in stomach not relieved. Then gave opii grs. ii., morph. gr. ss., capsicum grs. iv., with water. Within ten minutes the *burning* pain ceased, vomiting quieted, and sleep restored. Gave occasionally, next day, opium, liquorice, and prepared chalk, in small doses, and directed twenty of the Sappington pills* to be taken, one at a time, at intervals of one hour; and as he was up and about the house, did not see him again. Do physicians, as a general rule, put as much confidence in large doses of opium and active stimulants, in cases of sporadic cholera, or simulated gastritis, as they ought? Do they follow Sydenham's treatment, or add fuel to fire in the commencement of the disease, by cathartics and irritant "alteratives?"

ARTICLE V.

FRACTURES OF THE LOWER JAW.

BY O. C. GIBBS, M.D., FREWSBURG, N. Y.

EDITORS OF THE CHICAGO MEDICAL JOURNAL:

DEAR SIRS—In a recent number of your Journal, Dr. M. O. Heydock reports a fracture of the lower jaw, in which great difficulty was experienced in retaining the fractured parts in apposition. Dr. Heydock concludes his paper with the following remarks: "I believe the skull cap and straps here introduced will be found the best and simplest external appliance for all fractures of the jaw. It does not slip, like the roller, the pressure is distributed, and it can be loosened or tightened

* SAP. PILLS.—℞ Qui. gr. i.; Myrrh, Pulv. Ex. Liquorice, aa, gr. ss.

in a moment, with little or no trouble. It may not be a new idea, yet I do not remember ever having seen it mentioned."

The "skull cap and straps" are not altogether new; I have used them for years. In the February number of the *Buffalo Medical Journal*, for 1858, I reported a case of fracture of the inferior maxilla, which came under treatment in April, 1856, in which report the following language was used: "On examination, the inferior maxilla was found broken in *three* distinct places. The teeth in the upper jaw were entire, and the fragments of the bone were carefully moulded to an exact adaptation to the upper maxilla, with the design of making it subserve the purpose of an efficient splint to hold in place the fragments of the broken bone. In consequence of the great tumefaction, it was thought advisable to depart from the ordinary manner of applying bandages; it was thought that the pressure of the bandages upon the injured side of the face would, in consequence of its swollen condition, displace the fragments of the jaw inward. To prevent this, a splint somewhat of a horse-shoe shape, was fitted to the inferior surface of the fractured bone, projecting sufficiently beyond it on the sides to guard against lateral pressure. The splint was well padded and applied, *and held in place by suitable bandages, strapped to a* CAP OF FIRM CLOTH, *fitted to the head.*" This, in such cases, is a very desirable dressing, and with Dr. Heydock, we can say we believe it the "best and simplest external appliance for fractures of the jaw."

ARTICLE VI.

LIGATION OF THE TIBIALIS ANTICUS ARTERY.

BY A. HEAVENRIDGE, M.D., STILESVILLE, IND.

June 11th, 4 o'clock P. M.—Called to see E. Bridgwaters, a boy nine years old. Found him with an incised wound, three inches long, in the dorsum of the foot, commencing at the extremity of the metatarsal bone of the great toe, and running parallel with it, dividing the dorsopedalis artery, and some of its communicating branches, and the plantar arteries. The

wound had been received five weeks before, at which time it was dressed by my friend Dr. Gibbons, but the arteries, not being ligated, continued to effuse blood from time to time, until at the time I saw him, when he was completely exsanguine. I dressed the wound in such a way, using compresses and styptics, as to prevent hemorrhage for the time being, until I could procure assistance, intending to ligate.

June 12th, 9 *o'clock A. M.*—Saw the patient in connection with Drs. Matthews and Green. After some deliberation, Dr. Matthews suggested the use of a compress on the dorsum of the foot, a little above the incision, where the artery could be seen pulsating, which was agreed to by Dr. Green and myself, and applied. The foot being swollen at the time, the compress soon became loose, in consequence of the swelling subsiding, and hemorrhage again occurred, after a period of nine days, when I was again summoned to see him in great haste. When I arrived the blood had stopped running, in consequence of a coagulum that had formed in some lint that had been placed around the bleeding orifice. On removing the clot, the hemorrhage was truly alarming. I again applied compresses and styptics, until I could procure assistance to ligate.

June 22d, 9 *o'clock A. M.*—I saw the patient in company with Dr. Green. There had been no bleeding during the night. After putting him under the influence of chloroform, we cut down on and tied the artery. There still remained a small branch of the plantar arteries, communicating with the wound, which conveyed some blood. Not being able to ligate, I cauterized it with nitrate of silver, and dressed the wound, giving the patient a quarter of a grain of the sulphate of morphia before leaving him.

June 24th.—The foot was badly swollen and painful; rested very poorly during succeeding twenty-four hours after operation.

June 28th.—The swelling gone down; wound where the artery was ligated almost filled up; old wound doing well. Constitutional condition good, excepting the extreme anemia.

July 5th.—The foot doing very well. The wounds are almost healed up; appetite good, which had been rather poor before, and at times almost complete anorexia.

July 10th.—Wounds completely filled, though tender yet; appetite good, bowels regular. Mucous membranes have resumed a healthy color, whereas they were of a sallow white. The pulse is soft and natural, which was very quick and irritable during his extreme anemia.

The constitutional treatment in this case has been a liberal use of chalybeates, with a small portion of vegetable tonics, and as occasion required, opiates and laxatives. The object that I wish to attain in reporting this case, is not merely to show that the artery was ligated successfully seven weeks after the wound was received, and after the patient was reduced to the very extreme of anemia, but to give my professional brethren, who may read the *Journal*, and are like myself, mere novices in the healing art, a hint of the importance of looking well to the suppression of hemorrhage, before dressing and leaving a wound. Had the arteries been tied when this wound was received, the patient would have been well in half the time, and that, too, without any risk of life.

PROCEEDINGS OF MEDICAL SOCIETIES.

ROCK RIVER UNION MEDICAL SOCIETY.

The annual meeting of this society was held at Dixon, June 9th, 1858. The members assembled at Union Hall.

The President, Dr. A. S. Hudson, of Sterling, called the meeting to order.

The Secretary read the proceedings of the last meeting, which, on motion, were accepted.

The following gentlemen were admitted members of the Society:

Dr. Wynn, of Dixon, proposed by Dr. Abbott;

Dr. Dewitt C. Warner, of Dixon, proposed by Dr. Phillips;

Dr. D. Williams, of Sterling, proposed by Dr. A. S. Hudson.

Treasurer's report read and accepted.

On motion of Dr. N. W. Abbott, each member was assessed fifty cents.

Dr. Abbott, who was appointed at a previous meeting of the Society to make a report upon the "Uses of Veratrum Viride," stated that he had not prepared a written report, but would simply state his views of, and his experience with, the remedy. He believed veratrum viride to be the most potent remedy we possess, for reducing the pulse, in inflammatory and febrile diseases. He gave it in typhoid cases, even where there is a weak pulse, with great debility. He believed all diseases to be diseases of debility—all remedies are stimulants. Veratrum promotes all the secretions—controls the action of the heart by its direct specific effect.

On motion of Dr. G. W. Phillips, Dr. A. T. Hudson, of Lyons, Iowa, was invited to participate in the proceedings of the Society.

The retiring President, Dr. A. S. Hudson, of Sterling, as he was not prepared with a written address, would make the subject of his valedictory, the "Powers and Uses of Veratrum Viride." He had had but little experience in the use of the remedy; was at first disappointed in its effects, although he gave it in inflammatory cases, as to the strength and doses of the tincture, as directed by Dr. Norwood, but failed to control the action of the heart. The cause of not getting the effect, he thought, was the violence of the disease, the dose of the tincture being too small, and probably the variable strength of the article used. Dr. H. remarked that veratrum viride grown at the South is much better and stronger than that grown at the North. The rule which should guide us in administering the remedy, should be its effects, the same as should guide us in giving all remedies; if the effect cannot be produced by a certain dose, given every three hours, give the same every hour or two, or increase the dose. Dr. H. believed the remedy to stand on a par with the lancet; that it controls inflammation by reducing arterial action, if promptly and vigorously given; but ineffectual in typhoid cases, and positively injurious in such cases, attended with great prostration, and a weak, quick pulse. In this connection Dr. H. spoke of puerperal peritonitis; that

in inflammation of the peritonæum, the membrane secretes gas, causing tympanitis, and that this symptom is pathognomonic of disease of that membrane; in inflammation of the proper substance of the uterus, there is no tympanitis, but always if the peritoneal covering of the organ is inflamed. Dr. H. made mention of the treatment of puerperal peritonitis by certain physicians of the city of New York, which is the use of opium and veratrum viride, the opium to relieve the pain and frequent breathing, given in large doses so as to produce narcosis, and the veratrum to control arterial action. He believed that opium not only relieved pain, but exerted a curative effect upon the inflammation.

The subject of Medical Intercourse, which had been discussed at the previous meeting, was introduced by Dr. A. S. Hudson, who contended that our patients should not be informed of the names of the remedies prescribed by the physician; that frequently, through the prejudices of patients against a certain remedy, the physician's prescription is not carried out; that the practice of thus informing our patients, is injurious to them as well as ourselves; that it brings disrespect and dishonor to the profession.

Dr. J. B. Nash made some remarks, sustaining these views. No resolution was offered or adopted upon the subject. In this connection, Dr. A. T. Hudson, of Lyons, made some remarks in regard to disguising the taste of medicines, as the disagreeable taste was frequently the cause of prejudice against remedies. Dr. H. stated that, in Lyons, the physicians were in the habit of giving their medicine in wafers.

To cover the taste of quinine, Dr. J. K. Eberle gives it in liquorice.

Dr. Phillips stated that he was in the habit of giving quinine in strong, hot tea or coffee, or, by adding a little tannin to the quinine, and dissolving it in water; either of which methods covers the taste most effectually.

Remarks were introduced, by Dr. Nash, in regard to the alterative effects of tart. antimony; he had been in the habit of curing enlarged spleen, caused by a long continuance of an

intermittent, by giving the remedy in small doses, continued for a long time.

Dr. Abbott remarked that he never used tart. antimony, except as an emetic; he believed it to be a dangerous remedy for children; he never used it in the pneumonia of young children; and that the only effect he knew of its possessing, except its emetic, was its sedative action upon the circulation.

Dr. Phillips remarked, that tart. antimony had not only an emetic and sedative effect, but a contra-stimulant effect upon the mucous membrane of the stomach and bowels, and that this is its most valuable property, and the most to be relied upon in the treatment of pneumonia. Dr. P. remarked, that he had used the remedy in the pneumonia of young children, even nursing children, without producing bad effects upon the mucous membrane; the reason that physicians found it to produce inflammation of the mucous membrane of the alimentary canal, and probably destroyed their little patients, was that they did not discriminate their cases. Tart. ant. cannot be used in all cases of pneumonia of children; if there be a co-existing inflammation of the mucous membrane, with the pneumonia, the remedy should not be used; but if no complication of this nature exists, it is safe to use tart. antimony. It would not be safe to use tart. ant. in pneumonia, complicated with miasmatic fever, unless the inflammatory element predominated, and the accompanying fever is, in a great degree, symptomatic. Cases of pneumonia are met with, with the physical symptoms of that disease, but with an accompanying fever, that is strictly miasmatic; the use of tart. ant. in a case like this would fail to meet the disease; a very different treatment is required; quinine, in free doses, must be used, to break down the fever, when the local disease will readily yield to the use of mild remedies.

Dr. Geo. W. Hewitt exhibited, before the Society, a patient with tænia, as he supposed; the patient, a man some thirty-five or forty years of age, first felt symptoms of the disease last autumn. The symptoms, at this time, are as follows: The patient has tolerable health; he thinks he is not quite so fleshy as in health; appetite variable; bowels generally regular; the

patient describes his sensations, as of something moving about in the abdomen, sometimes with a rough, dragging feeling, or a sensation of something biting. Dr. H. has given the patient freely of ol. terebinth, to destroy the worm; the patient says the cathartic drives the worm lower down, into a bunch; he thinks he has felt it in the rectum, and he says he can indicate the part of the abdomen in which it lies; he says it is now low down in the right iliac region; upon percussion over this part, a marked dullness is found over the entire region, nearly. The patient, at one time, dosed himself with aloes and whisky; this, he said, caused the worm to pass low down, and "made him very vicious," causing it to move about a great deal; when he has been fasting, he thinks the worm rises to the stomach, causing nausea. Many of the patient's sensations may be magnified. The worm appears to be wadded up, either in the cecum or lower part of the ileum.

Some members expressed their doubt as to its being a tape worm. Dr. A. S. Hudson mentioned the case of a boy, in Michigan, who vomited up a frog; he remembered to have drank at a spring, and the inference was that he swallowed a polliwog.

The treatment advised was, to give cathartic remedies, to pass the worm into the large intestine or rectum, and then to endeavor to hook it out. Another course advised was, to let the patient fast, until the worm rises to the stomach, then to give an emetic of sulphate of zinc.

The Society next proceeded to elect officers.

Dr. J. A. Jackson, of Amboy, was elected *President*,
Dr. Geo. W. Hewitt, of Franklin Grove, *Vice-President*,
Dr. Moses M. Roger, of Sterling, . . *Treasurer*,
Dr. G. W. Phillips, unanimously re-elected *Secretary*.

A suggestion was made by Dr. Phillips, and on motion of Dr. Abbott, adopted, that a Committee be appointed upon Practical Medicine; a schedule of questions made out, and sent to each member of the Society, with a request that each shall make a report to the Committee upon each subject.

On motion, Dr. G. W. Phillips, as Chairman, and Dr. A. S. Hudson, were appointed said Committee. On motion of Dr.

D. Williams, the Committee were authorized to select the schedule.

On motion of Dr. Phillips, Dr. A. S. Hudson was appointed to make a report, at the next semi-annual meeting, upon "The Curative Effects of Opium, in Inflammatory and Febrile Diseases."

On motion of Dr. Nash, Dr. Oliver Everett was appointed to deliver the popular address at the next semi-annual meeting.

On motion, Dr. A. S. Hudson was appointed as delegate to the "American Medical Association."

On motion, Drs. Abbott and Jackson were appointed delegates to the State Medical Society.

On motion of Dr. Abbott, Amboy was selected as the place for the next semi-annual meeting, and Sterling for the annual meeting.

A suggestion was made by Dr. A. T. Hudson, which, on motion of Dr. Abbott, was adopted; that the Secretary confer with other Medical Societies, for the purpose of gaining their co-operation to memorialize the next legislature to so amend the exemption laws, that no class of property shall be exempt against physician's fees.

On motion of Dr. Abbott, the Secretary was authorized to send a copy of the proceedings of this meeting, for publication in the *Chicago Medical Journal.*

On motion, adjourned to 7½ o'clock P.M.

Evening Session.—Dr. Jackson in the chair. Dr. A. S. Hudson delivered the annual Address: subject, "The Correlation of Life and Death."

Adjourned to meet at the semi-annual session, the time of such meeting to be fixed by the President and Secretary; the members to be informed of the time and place by circular.

G. W. PHILLIPS, M.D., *Secretary.*

SHELBY COUNTY MEDICAL SOCIETY.

SHELBYVILLE, December 21st, 1858.

According to previous notices, a meeting was held at the Masonic Hall, in Shelbyville, on the 21st, at 1 o'clock P. M., for the purpose of forming a Medical Society.

On motion, Dr. Wm. Headen was called to the chair, and Dr. L. D. Martin was chosen Secretary.

On motion of E. S. Penwell, Drs. Martin, E. Penwell, and J. W. York, were chosen as a Committee to draft a Constitution for the Society.

The Committee presented the draft of a Constitution, which was adopted, as follows, to wit:

Article I.—This Society shall be known as the SHELBY COUNTY MEDICAL SOCIETY.

Article II.—The officers of this Society shall be a President, Vice-President, Secretary, Treasurer, and Board of Censors, consisting of three persons.

Article III.—The duty of the President shall be to preside at all regular meetings of the Society; and to deliver an address before the Society at its first semi-annual meeting in each year, which address shall be *public*.

Article IV.—The duty of the Vice-President shall be to preside at the meetings of the Society, in the absence of the President; and deliver a public address before the Society at its second meeting in each year.

Article V.—The duty of the Secretary shall be to keep a record of the proceeding of the Society, and prepare the same for publication; also to preserve a copy of all essays which shall be read before the Society.

Article VI.—The duty of the Treasurer shall be to receive all moneys due the Society, and disburse them as per direction of the same.

Article VII.—It shall be the duty of the Board of Censors to examine all applicants for membership, as to qualifications, both professionally and as gentlemen, and duly report the same to the Society.

Article VIII.—The physicians present at the adoption of this Constitution, shall be constituted members of the Society.

Article IX.—This Society shall hold a semi-annual meeting; one on the 13th day of May, and one on the 18th day of November, in each year.

Article X.—Each member shall pay into the treasury, each year, at the first semi-annual meeting, $5, to be used at the discretion of the Society.

Article XI.—It shall be the duty of each member to prepare a paper, upon some subject of interest to the profession, to be read before the Society at each regular meeting.

Article XII.—This Society shall be governed by the code of ethics adopted by the American Medical Association.

Article XIII.—This Constitution may be altered or amended by a vote of the majority of members present at any regular meeting.

The following persons became members, under the provisions of Article VIII. of the Constitution:

Dr. E. S. Penwell,	Dr. Enos Penwell,
" Wm. Headen,	" Eli York,
" J. W. York,	" Wm. M. Osborn.
" L. D. Martin,	

On motion, the Society then proceeded to the election of officers for the ensuing year. The election resulted in the choice of the following officers:

President, ...	Dr. Wm. Headen.
Vice-President, . .	" J. W. York.
Secretary, ...	" L. D. Martin.
Treasurer, ...	" E. S. Penwell.
Board of Censors, . .	" Eli York,
	" Penwell,
	" W. Osborn.

On motion, each member was permitted to make choice of a subject upon which to write an essay, to be read at the next regular meeting. The subjects chosen were as follows:

Dysentery, ...	Dr. J. W. York.
Milk-Sickness, ...	" L. D. Martin.
Typhoid Fever, ...	" E. S. Penwell.
Typhoid Pneumonia, . .	" Wm. M. Osborn.
Scarlet Fever, ...	" Eli York.

A motion was then made that the proceedings of the meeting be published in the *Chicago Medical Journal* and *Okaw Patriot.*

On motion, the Society then adjourned to meet in Shelbyville, on the 13th day of May, 1858, at 10 o'clock A. M., the place to be hereafter designated.

WM. HEADEN, M.D., *President.*

L. D. MARTIN, M.D., *Secretary.*

PROCEEDINGS OF THE SECOND MEETING OF THE CHAMPAIGN COUNTY MEDICAL SOCIETY.

At the adjourned meeting of the physicians of Champaign county, Dr. Somers being absent, Dr. C. A. Thompson was called to the chair.

The minutes of the preceding meeting being read, Dr. Swain, Chairman of the Committee on Constitution and By-Laws, submitted a report, which report was accepted, and the committee was discharged. The Constitution and By-Laws were adopted as reported, with some amendments.

The following resolution was offered by Dr. Mills:

Resolved, That the physicians now present are, and do hereby constitute members of the Champaign County Medical Society, upon signing the constitution and paying the fee of membership; which resolution was adopted.

Whereupon the following enrolled and became members of the Society:

S. W. Kincaid,	Wm. M. Goodwin,	R. H. Brown,
John Swain,	S. L. Bearce,	J. T. Miller,
S. K. Page,	C. A. Thompson,	C. H. Mills.
A. J. Crain,	H. C. Howard,	

The committee on permanent officers for the Society, reported as follows:

President, ...	Dr. S. L. Bearce.
Sen. Vice-President, . .	" R. H. Brown.
Jun. Vice-President, . .	" J. T. Miller.
Recording Secretary, . .	" C. H. Mills.
Cor. Secretary, ...	" A. J. Crain.
Treasurer, ...	" S. K. Page.

Who were elected, upon ballot, to fill the several offices, as reported by committee on officers.

On motion, Dr. Mills and Dr. Crain were appointed to wait upon the President elect to the chair.

The President appointed the following persons a Committee of Arrangements, and *ex officio* Censors: Drs. Mills, Kincaid, C. A. Thompson, Crain, and Swain.

Also the following as a Committee on Finance: Drs. Howard, Miller, and Goodwin.

The President appointed a Committee on Ethics, as follows: Drs. Kincaid, Brown, and Mills.

On motion, the President appointed a committee of three, to report a fee bill, at the next meeting of the Society, as follows: Drs. Swain, Miller, and Crain.

On motion, the President appointed Dr. C. A. Thompson a special committee of one, to write an Essay on Pneumonia, to be read at our next meeting.

On motion, Dr. Mills was selected by the Chair to write an essay upon some subject connected with surgery, and read it at the next meeting of the Society.

Dr. Crain was appointed a special committee to write upon some subject on Theory and Practice, and read at the next meeting.

On motion of Dr. C. A. Thompson, it was *Resolved*, That when we adjourn, we adjourn to meet at Urbana, on the first Friday of March.

Dr. Crain offered the following resolution, which was carried:

Resolved, That the thanks of the Society are hereby tendered to Messrs. Dr. Mills, McKinley & Jones, for the use of their office.

Dr. C. A. Thompson handed in the application of Dr. Somers, for membership. Also, Dr. Crain that of Dr. Hawes.

On motion of Dr. Miller, it was *Resolved*, That the proceedings of this meeting be handed to the *Urbana Union*, *Our Constitution*, and the *Chicago Medical Journal*, for publication.

On motion of Dr. Kincaid, the meeting adjourned.

S. L. BEARCE, M.D., *President*.

C. H. MILLS, M.D., *Secretary*.

BOOK AND PAMPHLET NOTICES.

A Treatise on Human Physiology; designed for the use of students and practitioners of medicine. By J. C. Dalton, Jr., M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine; of the New York Pathological Society; of the American Academy of Arts and Sciences, Boston, Mass.; and the Biological Department of the Academy of Natural Sciences, of Philadelphia. With two hundred and fifty-four Illustrations. Philadelphia: Blanchard & Lea. 1859. pp. 608.

Dr. Dalton has given, in the above work, a condensed treatise on human physiology. Though concise, it will be found to present the subject in an inviting and instructive style and form. We like that portion of the work devoted to the elucidation of embryonic development especially well. The illustrations are excellent, and carry the reader through the descriptions of this intricate subject in such an easy manner as to seduce him into a complete reading of it. Students are quite well aware of the exceeding difficulty of getting a knowledge of these processes, as now understood by physiologists, and will be grateful to Dr. Dalton for so greatly facilitating their labors. It is refreshing to look upon the number of new, original and faithful figures of illustration presented us in this volume. Instead of the old, familiar cuts that have descended from Hunter, Munroe, and others of the venerable confraternity of physiological cultivators of the last century, we find two hundred and forty-three new plates, upon which we may *feast* our eyes, and those who have a taste for physiological knowledge, can satiate their appetite for viands of this kind.

Practitioners who have not the time or inclination to wade through the ponderous tomes of Carpenter, can get here a very complete work on physiology, divested of all superfluities, and produced in a very happy and pleasing manner. It may be bought of W. B. Keen, and perhaps others of our bookstores.

The Science and Art of Surgery; being a Treatise on Injuries, Diseases and Operations. By John Erickson, Professor of Surgery and Clinical Surgery in University College, and Surgeon to University College Hospital. An im-

proved American, from the second enlarged and carefully revised London edition. Illustrated by four hundred and seventeen engravings on wood. Philadelphia: Blanchard & Lea. 1859. With about one thousand pages.

This work is written with the spirit and originality characteristic of its author, and has already become a favorite with American surgeons. Its excellencies are so plainly shown in this edition, that they will insure a continuance of its popularity. In looking over its pages for the names and accredited labors of American surgeons, we are struck with the difficulty with which knowledge crosses the Atlantic, against the east winds originated on the European side of the waters. We hope it will not be long that it may be justly considered a misfortune to a scientific man, that he was born in America. The tide of intelligence and science has so nearly encircled the globe, that we think it will not be a great while before the sun of science will rise to the world from our continent; then our medical men will be considered as near the fountain of *all* learning.

A Practical Treatise on the Diseases of Children. By D. Francis Condie, M.D., Fellow of the College of Physicians, Member of the American Medical Association, Member of the American Philosophical Society, etc. Fifth edition, enlarged and revised. Philadelphia: Blanchard & Lea. pp. 762. For sale by W. B. Keen.

We need not speak of the merits of this work. It is, as it deserves to be, in the library of almost every intelligent physician in the West, and our readers are too well aware of its many excellencies to require enlightenment on this matter. It will only be necessary to say to them, that this edition is so much improved, that they will be under the necessity of having it, if they wish to keep up with the times. It has its own peculiar merits, which cannot be supplied or supplanted by other works of the kind.

The Functions of the Cerebellum.—A pamphlet, of nineteen pages, by Dr. E. Andrews, upon this subject, has been laid upon our table. It first appeared among the transactions of the "American Medical Association," at the session in 1858. It is well written, without ornament or display, but a compilation of facts, which fell under the author's observation, from his

own dissections. His theory is, That the median lobe presides over the motor power of the muscles of the inferior extremities; to support which he presents two propositions:

1. In the warm-blooded animals, the median lobe, or vermiform process of the cerebellum, varies in size directly as the bulk and power of the anterior group of muscles.

2. The lateral lobes vary in like manner, as the power of the posterior group of muscles; subject, however, to certain variations hereafter to be mentioned.

As illustrations of his theory, and reasons for his conclusions, he examples the cerebellum of man; the common gull; dolphin, and other animals; demonstrating clearly the connections between his facts and theory. Physiology long since pointed out the cerebellum as the centre of muscular innervation, and experiments prove that the organ may be seriously injured without impairing any vital function except motion. The author of the pamphlet before us does not enter into experimental or pathological evidences, intimating his intention to make those proofs the subject of another report, to be issued hereafter. In the present work he restricted himself to the evidences derived from comparative anatomy. One point of great interest which he brings up, is, that the commonly-received opinion that the cerebellum is simply a *co-ordination* of motion, is utterly without foundation in comparative anatomy. His figures show that the size of the cerebellum has no relation whatever to the number and variety of co-ordinated actions of the animal, but, on the contrary, is directly in proportion to the bulk and power of muscle, and to the amount of intelligence which regulates it, in total disregard of the variety of combinations. In support of this position, the author institutes comparisons between the cat and the seal, the mouse and the bird, etc., showing numerous instances where the animal possessing the smallest cerebellum exercises the greatest co-ordinating capacity.

Dr. A. traces, in the lateral lobes of the cerebellum, a double relation. Its size varies, first, as the muscular power of the posterior extremeties; and secondly, as the development of the hemispheres of the cerebrum; or, in other words, as the grade

of intelligence of the animal. This view is illustrated by several engravings.

The phrenological doctrine, that the cerebellum is the seat of the generative instinct, is passed over without any notice.

ABSTRACTS AND ITEMS.

PREPARED BY THE JUNIOR EDITOR.

DR. N. B. BENEDICT, in *N. O. Medical News*, reports a case of successful transfusion, in exhaustion from hemorrhage, in yellow fever. His object seems to have been to relieve the collapsed condition into which his patient had fallen, in consequence of the loss of blood. Is it not probable that transfusion may be used in these blood diseases, with great effect, to alter the character of the circulating mass, to avert deteriorating changes, and induce or promote healthy hematosis? If so, its range of usefulness would be very much expanded.

THE TREATMENT OF BURNS, in the New York Hospital, consists in plastering the parts affected by the accident with the following paste, viz: Gum Arabic, ℥iii., gum tragacanth, ℥i., water, one pint, molasses ℥ii. It should be applied with a broad camel-hair pencil, once every two hours, until it forms a firm covering. This will require four or five applications. It should be allowed to remain on until it cracks and peels off, when the surface may be treated by the simplest means with success.—*Virginia Medical Journal.*

DR. JOSEPH C. HUTCHINSON, of Brooklyn, and Dr. H. H. Toland, of San Francisco, record several cases of epistaxis hemorrhage, from wounds and other sources, treated in a very satisfactory manner, with a strong solution of persulphate of iron.

DR. KERSEY, of Indiana, in the *Nashville Journal of Med. and Surgery*, says that he gives large doses, say fifteen or twenty grains of act. of lead, with morphia and a little acetic

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acid, for strangulated hernia. He uses it in half-drachm doses per rectum for same purposes. He relates a case in which it seemed to exercise a powerful effect. He also uses muriated tincture of iron, undiluted, as an application to diphtheritic inflammation of the mucous membrane of the fauces and throat. It should be applied liberally, with a probang, about every eight hours.

THE FOLLOWING are the deductions of Dr. Vleminkx, of Brussels, on the subject of re-vaccination. He had 1660 cases upon which to base the conclusions. 1st. Re-vaccination of well-vaccinated individuals generally yields very few useful results. 2d. A person who has had small-pox should be more anxious to submit to re-vaccination than one who has been vaccinated. 3d. Re-vaccination succeeds the better the more distant the time of the operation is from the original vaccination, or from an attack of small-pox. 4th. Re-vaccination is useless up to the twenty-fifth year. 5th. From that period up to the thirty-fifth year, re-vaccination yields useful results, upon a certain number of individuals, but the number of the latter is exceedingly small; hence such re-vaccination should not be pressed upon people, though medical men should not altogether discountenance it. 6th. From the thirty-fifth year, re-vaccination becomes really preventive, and, therefore, necessary. 7th. Supposing the operation had failed once, it is no reason for not trying again, sometime afterward, as nothing proves that receptivity has not returned between the first and the subsequent operation. 8th. The re-vaccination of school-boys or girls is useless. 9th. Re-vaccination in armies organized like the Belgian (young soldiers) is also useless.—*Lancet*, from *Nashville Journal.*

CHLOROFORM IN DELIRIUM TREMENS.—Chloroform will sometimes allay the obstreperous restlessness of delirium tremens, and procure calm sleep when almost everything else fails us. We may cause our patients to inhale it with strong hopes of success.

DR. MARSHALL HALL'S new method of operating for stone in the bladder, is described as follows: He says, I propose to

replace lithotomy and lithotrity by lithomy. 1st. Before the operation is performed, the patient should be made to drink copiously. 2d. A catheter, pierced with one hole only, should be introduced, and so placed as constantly to leave in the bladder such a quantity of urine as seems desirable. 3d. A canula, supplied with a sharp point, should be thrust into the bladder above the os pubis and below the peritonæum. 4th. The point (or stillet.—Ed.) is to be withdrawn and the canula left, closed by a little stop-cock, until a fistula, thoroughly surrounded by lymph, be well established. 5th. This fistula should then be properly dilated until the calculus can be extracted. 6th. The fistula is afterward allowed gradually to contract, on an india-rubber tube, distended with air to a proper size, which is gradually to diminish in calibre by the air being made to escape. In the whole course of this operation no artery is divided; no blood flows; and the nervous system experiences no shock. A measure new in surgery is thus employed, viz: dilatation instead of division of textures. This measure, when well conducted, is not dangerous to the patient, and offers no difficulty to the operation. It may be also applied to other circumstances, such as hydro-pericardium, empyema, and to replace tracheotomy.—*London Lancet.*

Dr. Richard Bright, who has given his name to the peculiar disease of the kidney known as Bright's disease, is dead. Drs. Lever and William Cruikshanks, both of whose names are quite familiar to American students, have likewise recently departed this life.—*London Lancet.*

EXTRACTS.

A SUCCESSFUL CASE OF TRANSFUSION IN YELLOW FEVER.

To be the means of saving the life of a fellow-being evidently sinking into the grave—to do this by the application of principles of treatment essentially new in the particular disease sub-

jected to treatment, and especially by the application of these principles to save the life of one who is as dear to the practitioner as his own life, is the very culmination of the ambition of the conscientious physician. Such has been the happy distinction attained by our friend, Dr. N. B. Benedict, of New Orleans, in a case published in the January number of the *New Orleans Medical News and Hospital Gazette.*

The epidemic of yellow fever which prevailed in New Orleans the past summer, was unusually fatal. Dr. B. had four cases of the disease in his own family, and it seemed as if one of them certainly had been marked by death as its victim; but a timely resort to transfusion called the patient back to life again, and, we hope, *established* a new principle in the treatment, not only of yellow fever, but of other diseases where death seems to be inevitable from exhausting discharges.

The case, in brief, is as follows: Miss J. B., who had resided for nine years in Mississippi, and for four years in New Orleans, had suffered from no serious illness for fourteen years. On the 11th of October last, she was exposed to a drenching rain, and at 9 o'clock P. M., of the following day, was seized with a violent chill. The symptoms of yellow fever could not have been more characteristic than in this case, and it proved to be unusually obstinate during the first stage. On the third day Dr. C. B. White was called in, and on the fifth day Dr. Wm. E. Kennedy was added to the consultation. Hemorrhage from the mouth began on the fifth day and gradually increased, until, on the night of the eighth day, the blood, diluted with the saliva, saturated two sheets, so that no part of them remained unsoiled. A hemorrhagic tendency was also manifested at this time by other mucous surfaces besides those of the mouth. From the close of the ninth day, the hemorrhage began to diminish, and entirely ceased on the night of the tenth; but the complexion was much blanched, and the mental condition was that of utter despair as to recovery. The rate of the pulse was steadily accelerated, the average for the seventh day being 98, for the eighth and ninth days 104, for the tenth day 115, and for the eleventh and twelfth days 120.

The tenth, eleventh and twelfth days were characterized by

morbid nervous sensations, and mental vagaries. About noon of the thirteenth day, she was suddenly seized with vomiting, which continued throughout the day and the following night, nothing being retained by the stomach but a very little brandy; injections of beef-tea, brandy, and carbonate of ammonia were not retained; the sinking and prostration were excessive, and the bellows sound characteristic of anæmia was heard over the whole region of the aorta. At every movement of the body, distressing hiccough occurred, convulsing the whole frame, and lasting, on each occasion, about a minute. On the morning of the fourteenth day, a stimulating enema was followed by a discharge resembling coffee grounds, the mortal restlessness increased, the pulse became the merest flutter, and was much of the time inappreciable, and its number could not be ascertained.

On that day, at the morning consultation, Drs. Kennedy and White declared their conviction that the patient could not possibly survive for more than three or four hours. At this juncture Dr. B. said:

"It is an old saying that 'drowning men catch at straws.' For the past twenty-four hours I have been in torture with the thought of such a straw, and I cannot refrain from naming it: I mean transfusion. These fatal symptoms being occasioned by the loss of the last few ounces of blood, I cannot persuade myself that it is not a serious duty to inject into her veins a few ounces of fresh, healthy, living blood, as nearly as possible identical with that which she has lost."

The suggestion was promptly embraced, as the only thing that could possibly save life, and Dr. B. fortunately possessing an instrument for the purpose, it was immediately carried into execution with the aid of Drs. C. C. Beard, D. W. Brickell, and L. Greenleaf. Dr. B. describes the operation as follows:

"The apparatus was examined, its use described and illustrated, and every part of the process was fully explained and discussed. The task of preparing the vein was undertaken by Prof. C. C. Beard. An incision about two inches in length was made over the median vein in the left arm. A director was passed beneath the vessel, near the lower part of the incision, in order that it might be held under perfect control, and the loss of any blood from its distal extremity be prevented. An incision was then made into the vein, immediately beyond the

director, to receive the beak of the syringe. It is due to Prof. Beard to say that nothing could exceed the skill and steadiness with which this operation was performed. The blood was obtained, by the assistance of Dr. Greenleaf, from the arm of a young gentleman who exhibits a remarkable example of perfect health, and who had experienced yellow fever during the epidemic of 1853.

"It was my purpose to use the apparatus myself; but as the moment approached, my near relationship to the patient made me distrust my firmness, and I requested Prof. Brickell to take my place. He consented to do so, but substituted for the syringe belonging to the apparatus one of simpler construction, into the beak of which he absorbed the blood as it flowed into the receiver of the transfuser. By inverting the syringe and pushing upward the piston, the last bubble of air was expelled. The beak was then introduced, by Dr. White, into the orifice of the exposed vein of the patient, and Prof. Brickell, with consummate care, passed the blood into her arm, before it had time to cool, or even to repose for more than a few seconds. All the apparatus employed was immersed in warm water, or wrapped with heated cloths, so as to prevent any reduction of the temperature of the transfused blood. The operation was commenced at a few minutes before 1 o'clock, and was finished safely and satisfactorily, in all respects, a few minutes past that hour."

Dr. B. concludes the account as follows:

"I will merely add to this statement that the pulse, which, at half-past 12, under the influence of mental excitement, became once more appreciable, numbered 136, and immediately before the operation 125; at its termination it was 120; and three hours later it remained the same, but had acquired more fulness and strength. The voice recovered its natural tone, the face acquired color, the extremities grew warm, all nausea and hiccough ceased, and ordinary drinks were perfectly retained. From the time mentioned to the present hour, her recovery has been uninterrupted. Her health has long since ceased to be a subject of any anxiety.

"It was not doubted, at the time of the operation, that the quantity of blood injected was equal to three and a half ounces. It was afterwards ascertained, by accurate measurement of the syringe, that its capacity was not quite equal to two and a half ounces. Small as the quantity was, it yet sufficed to turn the scale in her favor.

* * * "Were the true nature and the statistical results of the operation of transfusion generally known, its performance

would be demanded in many cases which are now consigned to a remediless doom. There is no fear that it will ever come to be employed as one of the common remedies. It is applicable to no pathological condition save that which is commonly called 'collapse,' induced by hemorrhage, by certain exhausting discharges, or by utter inabiltiy to receive or retain nutriment; and the only transfusion now sanctioned, either by physiology or by common sense, is that of *human venous blood into human veins, identical, as nearly as possible, with that which has been lost, and with quantity just sufficient to arrest the tendency toward death.* Prior to the year 1858, the total number of recorded cases, practiced under these conditions and restrictions, amounted to twenty-one. Of these but two died—or less than one case in ten!

"If I have any merit in this affair, it is that I have been, for many years, the earnest advocate of transfusion, in those cases where alone it is proper; that I have labored to make it binding on the consciences of medical men to practice transfusion whenever it is justifiable; that I have approved my faith in it by submitting to it, as the first instance which I am apprised of in America, a person whose life is as dear to me as my own; and that before it was attempted I seriously declared to those professional friends, heretofore named, my willingness to take upon myself all the odium that might attach to a failure. I feel that I can never sufficiently thank those gentlemen for what they did for me in this the bitterest trial of my life; and that they have thus laid upon me new obligations of fidelity to the principles of our noble profession."

We have reported this case at considerable length, because we regard it as of great importance in bringing to bear an essentially new and very powerful agent in the treatment of disease, and we cannot close without congratulating our friend, in view particularly of his relationship to the patient, on the glorious result attained.—*Med. and Surgical Reporter.*

TRANSLATIONS FROM RECENT EUROPEAN JOURNALS.—BY T. A. DEMME, M.D.

EFFECTS OF THE PREPARATIONS OF LEAD UPON THE INFERIOR ANIMALS.

A M. Pecart-Taschereau, a litharge manufacturer, (*Deutsche Klinik*), has investigated with some care the effects of the preparations of lead upon the inferior animals. Strange as it

may seem, he soon noticed that the *Dog* is never affected with symptoms of lead poisoning. He has seen this animal roll in litharge and white lead, and afterward lick itself clean, but no evil consequences ever attracted his attention.

The Cat, on the contrary, is soon killed. This animal dies in convulsions, not only in establishments where litharge and white lead are prepared, but even in those places where minute quantities of lead chance to be present, in the compositor's rooms, and where newly-printed books have been stored. New ink, it is well known, always contains a certain quantity of this metal.

M. P-T. tried a very decisive experiment. He hung several cages, in each of which a cat was confined, in his factory, and in a short time, one after another, all died.

Mice—and the lead manufactories are infested by them—play in the litharge and white lead without any apparent evil consequences.

M. Rouart, white lead manufacturer in Clichy, remarks that *Rats*, which multiply most rapidly in his establishment, are very apt to suffer from paralysis of the lower extremities.

The Horse, exposed to the poisonous atmosphere of lead factories, appears to be liable to a paralysis of the muscles of the larynx. The recurrent laryngeal nerve (which conveys the motory impulses to the muscles of the larynx) appears unable to perform its proper functions, whilst the remainder of the pneumogastric nerve is totally unaffected.

The veterinary surgeon, Delanay, has performed, in these cases, tracheotomy, with the result of preserving the valuable animal, notwithstanding the local paralysis.

Birds soon succumb to the poison.

It has been observed that *sheep* and *goats* that feed near lead factories frequently suffer from hæmularia, and are also liable to miscarry.

It is also asserted that in such neighborhoods women are peculiarly apt to have premature labor.

LEAD IN PHTHISIS.

According to Brockmann, no workman in lead suffers from phthisis pulmonalis, even if there is hereditary predisposition and phthisical conformation of the chest.

Is not this an indication for the use of the preparations of lead in consumption of the lungs?

Saccharum saturna (plumbi acetas) has been used in pneumonia, and pituitous catarrh, with good effects, and in the last stages of phthisis pulmonalis, it has not seldom been given as the ultimum solanum.

The properties of the lead salts are precisely those that are indicated in these cases—antiphlogistic, astringent and sedative. In consequence of these properties, lead has been called the narcoticum metallicum.—*Med. and Surgical Reporter.*

PROCEEDINGS OF THE NASHVILLE MEDICAL SOCIETY.

President A. H. Buchanan made a verbal report of interest and importance. He was lately called to see Mr. E., of this city, who had a violent bleeding of the nose, which alarmed him in no small degree, as his father had once nearly bled to death from the same cause. All the known remedies were had recourse to, but without avail. The Doctor then attempted compression. He was not aware that his remedy was a new one, but not knowing what to do in the case, and while reflecting on the matter, it appeared to him that he might stay this bleeding by simple compression. Sitting then before his patient, he put his thumb and finger on the carotid artery of the right side, and compressed it against the transverse processes of the cervical vertebræ. This stopped the bleeding almost in a moment. Twenty-five hours subsequently, it recommenced; the same practice was followed, and with the same immediate beneficial results. Since this the bleeding has not recurred. He therefore recommended compression of the carotid artery as a remedy for epistaxis.

The Doctor mentioned, also, two instances in which he had

saved the lives of women by using compression. This was not original, as he had gained the idea from reading in a medical journal, he forgot which. In one case the woman was in parturition, the child was already born and hanging by the cord; the hemorrhage was awful; she was entirely exhausted, pale, almost dead. He relieved her of the placenta, and carrying up the finger, pressed the aorta, immediately above the bifurcation, against the spine, and the bleeding ceased readily, while an assistant swathed the legs in bandages.

Dr. J. F. May stated that he had once compressed the internal jugular vein, in a case in which the vein had been opened. A large, fibrous tumor was being dissected out, when numerous, deep adhesions in the substance of the neck were detected. Some of these were attached to the vein, and on traction being exercised the coat of the vein gave way. The hemorrhage was terrific. He compressed the vein at once against the processes of the vertebræ, and as the tumor was only two-thirds out, and he had not time to dissect it, he tore it out. Dr. Coolidge, of the U. S. N., assisted him in the operation, and kept the patient two hours and a half on the table, and by brandy, friction and blisters restored him. The vein was tied, and the man recovered, so that, in a fortnight after, the Doctor removed another tumor from the same subject. The cases on record of tying this vein are very few in number. Dr. Mott, of New York, reported a case some years ago, the first on record, he calls it; but Dr. May claims that his case preceded Dr. Mott's by several weeks. —*Nashville Journal.*

EDITORIAL.

ANNUAL COMMENCEMENT.

The Sixteenth Annual Commencement of Rush Medical College, took place on Wednesday afternoon, the 16th of February, in the hall of the College. The hall was well filled with an intelligent audience, and the exercises were varied and interesting.

After a prayer by the Rev. Mr. Schenck, Mr. Benj. W. Bristow, one of the candidates for graduation, read his Thesis on the Qualifications of the Physician. The degree of Doctor of Medicine was then conferred on thirty-one members of the class. Three awards, each consisting of a valuable medical work, were then distributed as follows: 1st, to Wm. E. Peters, for having sustained the best examination in the several departments. 2d, to John W. W. Lawrence, for the best Inaugural Thesis. 3d, to L. G. Armstrong, for the best examination in surgery. An able and eloquent Valedictory Address was then delivered by Prof. D. Brainard; and the public exercises were closed with a benediction.

After the audience had retired, the graduates and members of the college class, with the faculty and invited guests, repaired to an adjoining room, and spent a couple of hours around the festive board, in the highest degree of social and intellectual enjoyment.

The following are the names of the Graduates, viz:

Wm. L. Kreider,	J. F. Williams,
John A. Cook,	Blexton Harris,
L. G. Armstrong,	J. R. Pearce,
Richard Hull,	E. H. Ayres,
Geo. W. Corey,	John H. Frizell,
John W. W. Lawrence,	N. M. Douthett,
E. Livingston Welling,	W. H. Lyford,
Myron Underwood,	Lafayette Lake,
Richard McGee,	A. M. Blackman,
R. F. Williams,	Wm. E. Peters,
Benj. W. Bristow,	F. Mason,
A. B. Taylor,	P. R. Slingsby,
J. H. Wiley,	Sam'l McNair,
J. R. Conklin,	E. C. Dickinson,
E. A. Steele,	E. O. F. Roler.
Wm. C. Hopwood,	

The honorary degree of M.D. was conferred on Dr. S. M. Mitchell, of Illinois; and the *ad-eundem* degree on J. Drake Harpur, of Springfield, Ill.

SUMMER COURSE OF MEDICAL INSTRUCTION.

It will be seen by the following circular, that the Faculty of Rush Medical College will continue a valuable course of medical instruction through the coming spring and first part of summer.

Good board and rooms can be obtained for from $3 to $3.50 per week; and all such students as can meet the required expenses will find it a great advantage to spend the time proposed in this city. The circular is as follows:

RUSH MEDICAL COLLEGE. — SUMMER COURSE OF LECTURES.—

Clinical Surgery, ...	D. Brainard, M.D.
Clinical Medicine, ...	N. S. Davis, "
General Anatomy, ...	J. W. Freer, "
Diseases of Women and Children, .	W. H. Byford, "
Botany and Vegetable Physiology, .	John H. Rauch, "

Prof. Brainard will lecture at the Marine Hospital and at the College Dispensary. He will also examine Students on Surgery, and require them to prepare Essays and report Cases.

Prof. Davis will lecture at the Mercy Hospital. Special attention will be paid to Auscultation and Percussion, Microscopic and Chemical Examinations of Morbid Products. He will also examine Students on the Practice of Medicine, and require them to prepare Essays and report Cases.

Prof. Freer will lecture at the College, and illustrate his Course as far as practicable by the Microscope. He will also examine Students on Anatomy.

Prof. Byford will lecture at the College. His connection with the College Dispensary will enable him to illustrate much of his Course by Clinical Cases. He will also examine Students on Obstetrics, and require them to prepare Essays.

Prof. Rauch will lecture at the College. Students will have access to his Collection and Herbarium, and as soon as vegetation is sufficiently advanced, he will take them into the field. He will also examine Students on Materia Medica, and require them to prepare Essays.

The Course begins Monday, April 3d, and continues until July 16th. Two lectures a day will be delivered. It will be seen that the object of the Course is to teach practically as much as possible, and also to teach subjects which, owing to a want of time, are either partially or entirely excluded from the Winter Course.

Fee for each Professor, Ten Dollars. Students can take one or all the tickets.

PRELIMINARY EDUCATION, ETC.

In a recent number of the *Peninsular and Independent*, we are accused, as usual, of having misrepresented the Medical Department of the University of Michigan, when we stated, not long since, that the faculty of that school had taken especial pains to make the profession generally believe they had actually complied with the recommendation of the American Medical Association, in relation to exacting a certain standard of preliminary education for their students, while in truth they had done nothing of the kind. If our readers can turn to almost any of the annual announcements of the Michigan University between 1850 and 1856, they will find not only a general claim of having complied with the recommendations of the American Medical Association, but also a verbatim copy of the identical standard of preliminary qualifications adopted by the last-named Association at its organization, in 1847, set forth as the standard of their school. True, the circulars did not say how or when this standard was enforced—whether on *admission* to the school or some other time. But the allusion to the recommendations of the Association, and the copying of the language of one of these recommendations, was well calculated to make the reader believe that they had actually adopted it. And not only so, but Dr. Z. Pitcher, of Detroit, an Emeritus Professor, and, we believe, President of the Medical Department of that University, in his Report on Medical Education made to the American Medical Association in May, 1853, used the following explicit language:

"By the medical faculty of the University, all candidates for the degree of M.D. *are rigidly required to comply with the conditions of the National Medical Association*, except attendance upon hospital cliniques."

Here we are told, not in a college circular, nor in a partisan medical journal, but on the floor of the great American Medical Association, and in the presence of five hundred delegates, representing nearly all the States of the Union, that "all candidates, etc., are *rigidly* required to comply with the conditions of the National Medical Association," with the single exception named. The exact "*conditions*" recommended by the National Association on the subject of preliminary education, we quoted in an editorial in the last (January) number of *Journal*. Let the reader compare the resolutions there quoted from the transactions of the Association with the statement here quoted from the report of Dr. Pitcher, and ask himself whether the inference is not plain and positive, that the University of Michigan required a standard of preliminary education for the admission of those who intended to become candidates for graduation? Would any live man have imagined that the "*rigidly required to comply*," etc., only meant that the candidates were required, during the *second* course of lectures, to write six or seven essays on medical subjects, instead of one, as in other colleges? We do not believe Dr. Pitcher meant to deceive by his statement. On the contrary, we believe he expected a standard of preliminary requirements was to be actually exacted; and that he has since used his influence honestly to have the University carry into practical effect all that he represented in his report. But he has been wholly overruled by the active members of the Medical Faculty, and all the pretensions on this subject, according to Dr. Palmer's own showing, have had no other practical reality than the exaction of several short essays from the candidates for graduation during the last course of lectures. We have called the attention of our readers to this subject, both in the present and preceding numbers of the *Journal*, not from any desire to criticise unnecessarily the doings of our neighbors in the Peninsular State, but for the purpose of directing the attention of our readers to the general subject of preliminary

education for medical men, and the true nature of the recommendations of the National Association on the subject.

It will be seen by the resolutions quoted in the January number, that individual members of the profession, in their capacity of private preceptors, are expected to take the first and most important step in relation to this matter. It is by the private preceptor, and not the college, that students are actually introduced into the profession. And hence, whatever preliminary education is necessary to qualify a young man to enter upon strictly medical studies with propriety, should certainly be exacted when he first makes application for admission into the practitioner's office as a student of medicine. And this is precisely what the National Association has recommended, repeatedly, and with much unanimity.

We hope the members of the Illinois State Medical Society will reflect on this subject, and be prepared to take definite action on it at the annual meeting on the first Tuesday in June next. If the State Society will take such action as will require all its members to ascertain, and certify to, the preliminary education of all who may apply for admission into their offices as students, the same thing will speedily be done by all the more local societies; and thus a firm and practical foundation will be laid for the most important improvement in the character of the profession of which it is susceptible.

AMERICAN MEDICAL ASSOCIATION.

The twelfth Annual Meeting of this Association will be held in Louisville, Kentucky, on Tuesday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. M. Bemiss, at Louisville, correct lists of their delegations so soon as they may be appointed. The Convention of Teachers, invoked by a resolution of the National Association, for the purpose of a general conference as to the best means of elevating the standard of Medical Education in this country, will meet in the same city on Monday, the 2d of May.

Medical Journals throughout the United States are requested to insert the above.

S. M. BEMISS, M.D., *Sec. Am. Med. Assoc'n.*

By the above official notice, our readers will be warned that the next annual meeting of the American Medical Association is near at hand.

We trust that the profession of Illinois and the whole Northwest will be well represented. Let every state and local society see that delegates are appointed, and their credentials furnished them in season. Louisville is easy of access, and we are sure that the local committee of arrangements will spare no pains to render the meeting both pleasant and profitable. It will be observed that on Monday preceding the day for the meeting of the Association, a Convention of Delegates from Medical Colleges is called, for adopting some means for improving the system of college instruction. One year ago, when this subject was in the hands of a special committee of the Association, we gave our views fully and freely, through the medium of this Journal. Those views remain unchanged; and any who may wish to refer to them will be able to do so, by consulting the *Chicago Medical Journal* for March, 1858. At that time we took occasion to consult many of the most eminent men connected with the medical colleges in different parts of the country, and were happy to find that their views corresponded closely with their own.

The only objections urged against adopting the proposed plan, was the want of concert among the schools, and the radical character of the changes. The first of these objections is a real obstacle in the way of any change. But we hope there may be a sufficient representation from the colleges in the proposed convention, and sufficient unity of purpose, to overcome this. The second objection should be allowed no influence whatever; simply because the errors and defects of the present system of medical college instruction are *radical* and inherent, and consequently cannot be removed without changes equally radical. Again, it would require no more concert of action and no more advertising to effect a thorough change, than it would a slight or inefficient one. The defects of our present system arise from the attempt to crowd upon the student's mind too many lectures the same day; to include the whole field of medical science in a single term of too limited a duration; and

the absence of any natural order of succession in the presentation of the different branches.

No change will remedy these defects, which does not, at least, double the length of the annual college term, and divide it into two parts, with a corresponding division of the several branches, as fully set forth in the number of this Journal already alluded to. It would be better to do nothing than to adopt any mere temporizing expedients, which, when fully carried out, would still fail to remedy any of the important evils belonging to the present system.

RESIGNATION.

Prof. H. A. Johnson has resigned the chair of Physiology and Pathology in Rush Medical College. Prof. J. was an able and interesting lecturer; always highly esteemed by the classes attending the college; and his resignation has been received with much regret by his colleagues in the faculty.

CORRESPONDENCE.

MENDOTA, ILL., Feb. 24, 1859.

Dr. N. S. DAVIS—

DEAR SIR: I have had a case, for more than two years, which, I apprehend, is of more than ordinary importance; and to make a correct diagnosis of which, to me, is a matter of great difficulty. I will, as briefly as possible, give you a sketch of the case, and shall thankfully receive any light which you may kindly give me in regard to it.

Feb. 21st, 1857.—Was called to see Mrs. G., aet. 30. Supposed herself to be in her third pregnancy. Had ceased to menstruate Oct. 27, 1856. Had had symptoms similar to those of her previous pregnancies—cessation of courses, morning sickness, swelling, soreness and secretion in breasts. The day previously to my being called, had exerted herself rather more than usual; this morning had pretty severe periodical pains in lower part of bowels, with some hemorrhage; this becoming

worse, I was called. From a history of her case and present condition, was at once led to think that she was pregnant, and threatened with a miscarriage. Resorted to the ordinary treatment in such cases, and in the course of 48 hours the flowing had entirely ceased, but still some pain, which continued more or less for four or five days. As she is a woman of a rather delicate organization and highly excitable nervous temperament, rest was advised, and the horizontal posture as much as possible. At the expiration of the four months, she thought she felt motion, or the quickening, and declared that she felt more or less movement, which was also affirmed by her husband; the movement being quite distinct, though not so strong as had been in her previous pregnancies. Up to July 26th, which would make the nine months, the abdomen gradually and uniformly enlarged, and at the expiration of that time was about the usual size of a woman of her developments at full term.

July 26th.—In my absence, another physician was called to see her, as she supposed herself to be in labor. Had considerable show, and frequent, severe pains. He was soon convinced that she was not in actual labor, and administered an anodyne; the pains soon subsiding.

She ran along then, without changing in size, feeling no movement, but suffering from pains, which she compared to the pains of the first stage of labor, occasionally, but most severely at the expiration of every month. Her general health improved, and she was able to take charge of her domestic affairs.

In Sept., 1857, the catamenia returned, and she has been perfectly regular ever since. The case did not then receive any especial attention from me until Jan. 31, 1858. Mr. and Mrs. G. becoming still more uneasy as to her condition, I was requested to call, and, if possible, to give a positive opinion as to the nature of the case. I would here remark, that up to the expiration of the nine months, I had scarcely any suspicion whatever but that the case was one of ordinary pregnancy; and as the case still did not terminate up to the 1st of October, I thought that possibly there was some miscalculation. After

that time, the case became one of peculiar interest, the conviction becoming stronger and stronger that she could not be pregnant. Now of her condition Jan. 31, 1858:

Looked very well; countenance cheerful; in usual flesh; appetite very good, bowels regular, menstruates every month. Does not suffer as much at those times as she formerly did; occasionally has some pain in the lower part of her bowels—more at nights. The enlargement of abdomen uniform; no change in size. Nothing revealed by stethoscopic examination. Could get the outlines of the uterus distinctly; fundus rather more to left side than right; no unusual sensitiveness on either pressure or palpation; quite firm; change of position of body does not change position of tumor. Dull sound on percussion, no fluctuation.

Examination per vaginum.—Could very easily reach the body of the womb anteriorly; rested very low in the pelvis. Os uteri central in vagina, with probably one inch of cervix projecting into vagina; quite smooth, but very firm; the body and all of the cervix, excepting as much as referred to, uniformly developed.

Os uteri very small; could not introduce tip of index finger. Could not, by pressure, and with one hand applied to the abdomen, elevate the uterus.

Feb. 16*th*, 1859.—No perceptible change in her condition in any respect, since Jan. 31, 1858. Would see her occasionally, and learn that she "was quite smart"—as well as when in her best health. For the last two weeks has been suffering considerably with pain over the cotyloid cavity, and for several nights extremely with pains resembling first stage labor pains. Re-examined the case carefully; no change in size since last examination. Digital examination—os easily reached; directed rather backward, small and contracted; the tumor firmly fixed in the pelvis. Digital examination per rectum, and vaginal examination with speculum—nothing revealed worth noting. The difficulty must be intra-uterine, or involving the whole uterine parieties. To take anodynes pro re nata.

Feb. 23.—During the last week, when suffering severe con-

tractile pains of the uterus, there has been, at several times, a slight escape of fluid from the os, probably a half ounce at a time.

From all the information I have been able to gain, by consulting authors and physicians, I must regard this as rather an unique case. I have briefly but accurately stated all the important particulars of the case. The sequela alone will determine what the *trouble* is. But I assure you, that if you, or any to whom you may refer, can give me any light in regard to the case, it will be thankfully received. Am I right in pursuing the let-alone course? Or would I be justified in introducing an exploratory instrument through the os, and, if possible, puncture the uterine contents, if such there be. I shall be glad to hear from you at your earliest opportunity. The case will be worth reporting, when it terminates, and if you should not consider it premature, the preceding notes are at your disposal for the *Journal*. I am yours truly,

E. P. COOK.

HAMPDEN, *Rock Island Co., Ill.*

PROF. N. S. DAVIS—

DEAR SIR: In the August number of your Journal, you request the readers thereof residing in the country districts, to favor you with an account of the special characteristics of fevers prevalent in those districts.

Throughout this section of country, fevers, as presented to my observation and attention thus far, this fall, have assumed a more aggravated type than has ever before been known. A striking characteristic seems to be the apparent tenacity in the diseases, not yielding so readily to remedial measures as in former seasons. Other features are presented in the complication with organic diseases of various organs—the typhus and typhoid conditions supervening upon the mildest remittents and intermittents; the unusual prevalence of fevers of a quotidian type, presenting what is commonly termed congestive, but more properly pernicious, symptoms; hepatic derangements to a great

extent; dysentery; diarrhœa; profuse and unnatural diaphoresis; greatp rostration after the febrile spasm was spent—constituted the principal peculiarities of fevers prevalent during August and September.

In two cases in which the tuberculous diathesis was present, the vital activity was so much lowered, that death ensued in a few hours, in consequence of the complete disintegration of the lung tissue, rapidly filling up the air passages, and causing strangulation, the patients being unable to expectorate the disorganized matter as fast as it formed. Another case, presenting the same diathesis, was taken down with fever of a remittent type, followed by great prostration, whom I kept supported by alcoholic stimulants for two or three weeks. The patient recovered without presenting any symptoms of advancement of the tuberculous disease, not having even so much as a cough. Query—would not the same treatment have saved the lives of the other two? I am somewhat inclined to think that it would. I merely state these facts without entering into any speculations in regard to the use of alcoholic stimulants in phthisis. Much has been said and written upon the subject, but I am inclined to believe that much less has been done in the way of trial. I would like to hear the experience of your many readers upon the subject.

J. R. HAYES.

NOSTRUM VENDERS.

HOPE DALE, Illinois.

EDS. CHICAGO MEDICAL JOURNAL:

It is to me a matter of much regret, that in the popular and wealthy county of Tazewell, represented as it is by so many intelligent members of our profession, there is not, nor to my knowledge has there been, an association for the mutual improvement, regulation, and intercourse of the members of the medical profession. Nor does it seem an easy matter to bring physicians, who have been practicing for many years, to an appreciation of

the great importance of, and the many benefits arising from, local organization, *here*. In extenuation of myself, I would say, that I have urged this matter, time and again, to the consideration of the profession in my vicinity, but without avail. In short, I have done everything consistent for one of my age and influence, to bring about this desired object. Now, what is the reason of this apathy on our part? What is it that so like a narcotic drug allays our sensibilities, and invites to rest every attention to our interests but those of *lucre*, to every care for mental and professional advancement, and to the proper elevation and maintenance of the importance and dignity of our most noble profession? What is it that causes our profession, in this community, to maintain so long a profound silence on this important and vital subject? What is it that keeps its members in the old routine, maintaining the principle of "let every man take care of himself?" Can it be indolence and lack of care for the interests of the profession? The true physician is ever active and awake to the duties he owes to himself and his profession. Can it be that many of those to whom we would look as pioneers in this enterprise, fear the exposition of the extent of their qualifications, which associations would likely induce? I hope not. Can it be that there are too few readers of the *Chicago Medical Journal* in our county? Can it be that jealousy, caused by opposition to each other in practice, or the attention paid to the recent play of Bowie knives on the ribs of each other (of two of the profession amongst us) has usurped the place of interest in other and more honorable things? Or can it be, Messrs. Editors, that many of those to whom, from their age and experience and intelligence, we are expected to look as proper lights in our profession in this county, are to-day, and for some time past have been, engaged in the reprehensible and dirty work of selling and dispensing *patent nostrums?* Please send the readers of the *Journal* your opinion of these things—of this one in particular: Whether physicians, with diplomas from respectable medical colleges, who vend and sell secret or patent medicines, on commissions or otherwise, should be considered as holding an honorable position in a profession one of whose tenets is to

discard all connection with illegitimate medicine, and especially all sympathy with venders of *quack nostrums* and patent remedies?

Please accept the within remittance as your dues for the present volume of the *Journal;* and if the above imperfect, and mayhap rather harsh, exposition of some things that do exist in this community, would be read and found to fit the case of any person or persons claiming to be physicians, and who are living on the proceeds of the sale of quack nostrums; and if in your judgment it deserves a place in your columns, please publish the same. P. W. HILL, M.D.

APPOINTMENTS IN MEDICAL SCHOOLS.

Dr. A. G. Thomas has been appointed Professor of Physiology in the Oglethorpe Medical College, Georgia.

Dr. John C. Draper has been appointed to the Professorship of Analytical and Practical Chemistry in the University of New York.—*N. American Medico-Chirurgical Review.*

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Morphine.....in bulk
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Strychnine.....in bulk
" .....Bottles of 100 Granules
Valerianate of Atropine.....in bulk
" .....Bottles of 100 Granules
Veratrine .....in bulk
" .....Bottles of 100 Granules

Granules 1-5 *of a grain each.*

Tartar Emetic.....in bulk
" .....Bottles of 100 Granules
Codeine.....in bulk
" .....Bottles of 50 granules
Conicine.....in bulk
" .....Bottles of 100 Granules
Extract of Belladonna.....in bulk
" " Bottles of 100 Granules
" and Powder of Belladonna.....in bulk
" " " Bottles of 100 Granules
" Hyoscyamus .....in bulk
" " Bottles of 100 Granules
" Ipecac.....in bulk
" " .....Bottles of 100 Granules
" Opium.....in bulk
" " .....Bottles of 100 Granules
Proto-Iodide of Mercury.....in bulk
" " Bottles of 100 Granules
Colchicum (each granule is equal to 2 drops of Tinc.).....in bulk
" " " Bot. of 100 Granules

DRAGEES.

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" " Vallet's formula .....in bulk
" " " Bot. of 130 Dragees
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" " " Bot. of 130 Dragees
Kermes, 1-5 grain.....in bulk
" " .....Boxes of 80 Dragees
Santonine, ½ grain .....in bulk
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" " .....Boxes of 20 Dragees
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Magnesia and Rhuburb, 1 gr. of each...in bulk
" "Bottles of 130 Dragees

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Aloetic, 4 grains..... "
Assafœtida, 4 grains..... "
Aloes and Assafœtida, 4 grains..... "
Dinner Pills, Lady Webster's, 3 grains.. "
Comp. Calomel, Plummer's Pills, 3 grs. "
Blue Pills, 3 grains..... "
Opium Pills, 1 grain..... "
Calomel Pills, 2 grains..... "
Opium et Acet. Plumb, each 1 grain.... "
Extract of Rhatany, 1 grain..... "

Dragees of 1 *grain each.*

Quevenne's Iron, reduced by Hydrogen.in bulk
" " " Bottles of 100 Dragees
Conicine.....in bulk
Proto Iodide of Iron..... "
" " " .....Bottles of 100 dragees
Lactate of Iron.....in bulk
" " .....Boxes of 130 Dragees
Sulphate of Quinine.....in bulk
Valerianate of Quinine..... "

Dragees of 2 *grains each.*

Citrate of Iron.....in bulk
" " .....Bottles of 130 Dragees
Willow Charcoal.....in bulk
" " .....Bottles of 150 Dragees
Diascordium.....in bulk
" .....Bottles of 130 Dragees
Anderson's Anti-bilious and Purg. Pills.in bulk
" " " Boxes of 80 Dragees
Extract of Gentian.....in bulk
Iodine of Potassium..... "
Calcined Magnesia..... "
" " .....Boxes of 200 Dragees
Rhubarb.....in bulk
" .....Boxes of 100 Dragees
Ergot, powder cov'd with sugar as soon as pulverized.....in bulk
Phellandria Seed..... "
" " .....Bottles of 150 Dragees
Washed Sulphur.....in bulk
Sub-Nitrate of Bismuth..... "
" " " ...Boxes of 200 Dragees
Tartrate of Potassa and Iron.....in bulk
" " " Bottles of 130 Dragees

Dragees of Copaiba, pure solidified.....in bulk
" " .....Bottles of 72 Dragees
" " and Cubebs.....in bulk
" " " Bottles of 72 Dragees
" " Cubebs & Cit. Iron.in bulk
" " " Bottles of 72 Dragees
" Cubebs, pure.....in bulk
" " .....Bottles of 72 Dragees
" " and Alum .....in bulk
" " " Bottles of 72 Dragees
" " Rhatany and Iron.....in bulk
" " " Bottles of 72 Dragees

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Caulophyllin,	Caulophyllum Thalic.,	0 75
Cerasein,	Cerasus Virginiana,	1 50
Chelonin,	Chelone Glabra,	1 25
Cornin,	Cornus Florida,	1 00
Corydalin,	Corydalis Formosa,	4 00
Cypripedin.	Cypripedium Pubescens,	1 00
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Euphorbin,	Euphorbia Corolata,	1 50
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Gelsemin,	Gelseminum Semper.,	2 00
Geranin,	Geranium Maculatum,	0 62
Helonin,	Helonias Dioica,	1 75
Hydrastin,	Hydrastis Canadensis,	1 25
Hyosciamin,	Hyosciamus Niger,	2 50
Irisin,	Iris Versicolor,	1 00
Jalapin,	Ipomœa Jalapa,	1 00
Juglandin,	Juglans Cinerea.	0 75
Leptandrin,	Leptandria Virginica,	0 75
Lupulin,	Humulus Lupulus,	1 00
Macrotin,	Macrotys Racemosa,	0 62
Menispermin,	Menispermum Canad.,	1 00
Myricin,	Myrica Cerifera,	0 62
Phytolacin,	Phytolacca Decandra,	1 00
Podophyllin,	Podophyllum Peltatum,	0 75
Populin,	Populus Tremuloides,	0 50
Prunin,	Prunus Virginiana,	0 75
Rhusin,	Rhus Glabrum,	1 00

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Strychnin,	Strychnos Nux Vomica,	3 00
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" "	Digitalis Purp.	0 50
" "	Euonymus Amer.	0 50
" "	Eupatorium Purpu.	0 75
" "	Gossypium Herb.	1 00
" "	Rhus Glab.	0 50
" "	Scutelloria Later.	0 50
" "	Senecio Gracilis.	0 50
" "	Strychnos Nux Vomica.	1 00
" "	Xanthoxylum Frax.	0 62
Con. Comp.	Stillingia Alterative,	1 00
Xanthoxylin Pills,		0 50
		per bot.
Con. Tinc.	Gelseminum Semp. 6 oz. bot.	1 00
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Oils.	*per oz.*
Oil Lobelia,	1 50
" of Capsicum,	0 75
" " Erigeron,	0 50
" " Populous,	0 50
" " Stillingia,	1 00
" " Zanthoxylum,	0 75
Oleo-Resin of Lobelia,	0 75

Pocket Medicine Cases, filled with Concentrated Medicines.

No. 1.	20 vials,		$5 00
" 2.	24 "		6 00
" 3.	28 "		7 00

An extra charge of ten cents per oz. will be made for medicines put up in half oz. vials.

All the articles manufactured at their Laboratory will bear the stamped label. "*Prepared at the Laboratory of B. Keith & Co.*, NEW YORK." They will also be hermetically sealed and stamped '*B. Keith & Co.*, Organic Chemists, N. Y."

PRIVATE
MEDICAL INSTRUCTION,

— BY —

DR. EDWIN POWELL,

CHICAGO, ... ILLINOIS.

THE COURSE WILL CONSIST OF

First—Dissections, Demonstrations and Operations upon the Cadaver in the Dissecting Room of the College, during the months of March and April.

Second—Clinical Instructions in the Marine Hospital, and Surgical Wards of the Mercy Hospital, during the year.

Third—Examinations on the branches taught in the Medical Schools, illustrated by

POST MORTEM EXAMINATIONS,

PATHOLOGICAL SPECIMENS,

AND

MICROSCOPIC DEMONSTRATIONS.

OBSTETRICS will be taught from the Manikin, and cases of Midwifery will be placed under the care of the students: the "Charity Dispensary" furnishing numerous cases during the year.

PRACTICAL SURGERY,

VIZ.

Bandaging, Appliances for Fractures, etc., will be taught in the Marine Hospital.

The Class will have an opportunity to witness the operations of Prof. Brainard.

STUDENTS WILL BE RECEIVED FROM MARCH 1ST.

TERMS, $35 ... PAYABLE IN ADVANCE.